ናያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.
(As printed in the passport)

Name: Amina Father's Name: Kedir G. Father's Name: Muhammed

Date of Birth: 10-Jan-90 Place of Birth: Arsi Negele Passport Number: EP8084890 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: Arsi Woreda: Negele arsi Kebele: _____ H. No.: _____

Occupation: House-maid Marital Status: M Labor ID Number: _____

Contact Person in case of Emergency: Name Michiti Kasim Telephone: 0935542077

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

Destination Country: UAE Departure (Effective) Date: _____

3. Beneficiary Information

I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court.

	Full Name	Relationship	Percentage Share	Address/Telephone
i.	Michiti Kasim	Mother	100%	0935542077
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

Please attached copy of Passport and Kebele ID to this form.

Name of Life Assured: Amina **Signature:** _____ **Date:** 22/5/25