ኒያላ 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: Shemsiya Father's Name: Kedir G. Father's Name: Jose

Date of Birth: 21-Oct-84 Place of Birth: Arsi Passport Number: EQ2552714 Gender: F

Address: - Region: Oromia City: Arsi Sub City: Ejersa Woreda: 1 Kebele: - H. No.: -

Occupation: House maid Marital Status: Married Labor ID Number: EF11144572

Contact Person in case of Emergency: Name Adem Jemal Telephone: 0909090057

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805 19

Destination Country: Kuwait 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.	Adem Jemal	Husband	100%	Oromia 0909090057
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Shemsiya **Signature:** _____ **Date:** 25-06-25