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: Dokta Father's Name: Lole G. Father's Name: Mana

Date of Birth: 11-Sep-94 Place of Birth: Yavello Passport Number: EQ2483280 Gender: F

Address: - Region: Oromia City: Borena Sub City: Yavello Woreda: 2 Kebele: 2 H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Jaso G Bulo 2 Telephone: 0926478189

**2. Particulars of The Travel**

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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. | Jaso G Bulo | Uncle | 100% | 0926478189 Borena |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| vii. | | | | |
| | | | **Total** | **100%** |

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

**Name of Life Assured:** Dokta Lole **Signature:** _____ **Date:** 2-Jul-2025