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: mese. Father's Name: Lechise G. Father's Name: Sebokei

Date of Birth: 20-oct-94 Place of Birth: Ginchi Passport Number: EP8989215 Gender: female

Address: - Region: oromia City: Gusa Sub City: E. shoa Woreda: Geba Kebele: ____ H. No.: ____

Occupation: Housemaid Marital Status: Single Labor ID Number: EP10176188

Contact Person in case of Emergency: Name Naol wegeyes Telephone: 0913688510

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nenay Telephone: 0912805194

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.	Lechisa Seboka	father	100%	oromia/0915687483
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: mese lechise **Signature:** ____ **Date:** 20-Dec-2024