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: Meseret Father's Name: Eshetu G. Father's Name: Gudeta

Date of Birth: EP8630 Place of Birth: Koftu Passport Number: EP8630 Gender: _____

Address: - Region: Oromia City: East Shoa Sub City: Bishoftu Woreda: Ada Kebele: 1 H. No.: -

Occupation: Housemaid Marital Status: Single Labor ID Number: EF11033324

Contact Person in case of Emergency: Name Alemeshet mamye Telephone: 0917819200

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.	Eshetu Gudeta	Father	100%	Bi
ii.				0996805595
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Meseret Eshetu Signature: _____ Date: 30/07/25