ኔያላ 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: Ararse Father's Name: Iemese G. Father's Name: Hurgaha

Date of Birth: 11-Sep-96 Place of Birth: Wavo Passport Number: EP6690521 Gender: Female

Address: - Region: Oromia City: Kedabo Sub City: W.Shoa Woreda: Jeldo Kebele: - H. No.: _____

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

Contact Person in case of Emergency: Name Negase Iemese Telephone: 0915201170

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Dewey 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.	Negase. Iemese	Brother	100%	Oromia/0915201170
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 98 45 0911 25 90 56 011 5 62 02 62

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

Name of Life Assured: Ararse. Iemese **Signature:** _____ **Date:** 18-Dec-2024