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: Bizu Father's Name: Regassa G. Father's Name: Tola

Date of Birth: 20-sep-86 Place of Birth: Arsi Passport Number: EP8823604 Gender: Female

Address: - Region: Oroma City: Arsi Sub City: Woreda: Robe Kebele: tmamo H. No.:

Occupation: House maid Marital Status: merried Labor ID Number: EF10082913

Contact Person in case of Emergency: Name Regassa Tola Telephone: 0982807494

2. Particulars of The Travel

Agency Name: Alkaba Agency Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: Dubai Departure (Effective) Date: 12-Dec-24

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.	Regassa Tola	husband	100%	0982807494
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Bizu Regassa **Signature:** Bizu **Date:** 12-Dec-24