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

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.
(as printed in the passport)
Name: Helen Father's Name: Gebure G. Father's Name: Abiso
Date of Birth: 15-Mar-93 Place of Birth: Funa mura Passport Number: EQ1911379 Gender: Female
Address: - Region: Debub City: Shinafanaga Sub City: Funa mura Woreda: Hangacha Kebele: - H. No.: -
Occupation: Housemaid Marital Status: Married Labor ID Number:
Contact Person in case of Emergency: Name Gebure Telephone: 0926476153

Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0972802070
Destination Country: Dubai Departure (Effective) Date:

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.	Selomon Welde	Husband	100%	0977741486
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Helen Signature: Date: 28-Feb-25