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**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: Eyeri Father's Name: Hayleslasie G. Father's Name: Gebreigzabher

Date of Birth: 20-Jan-99 Place of Birth: Gulomekuda Passport Number: EP9218864 Gender: F

Address: - Region: Tigray City: Adgegn Sub City: Gulomekuda Woreda: 1 Kebele: 1 H. No.: -

Occupation: Housemaid Marital Status: Single Labor ID Number: EF11438221

Contact Person in case of Emergency: Name Bahlebe Richard Telephone: 0908062866

### 2. Particulars of The Travel

Agency Name: Adley Agency Agency Contact Name: Meway Telephone:                     

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.	<u>Aynalem Germede</u>	<u>Mom</u>	<u>100%</u>	<u>Tigray</u>
ii.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>0905492383</u>
iii.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
iv.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
v.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
vi.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
vii.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Eyeri Hayleslasie Signature: [Signature] Date: 31/07/25