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: FATE Father's Name: TUNE G. Father's Name: EDAO

Date of Birth: 12 FEB 94 Place of Birth: DANSHE Passport Number: EP6636909 Gender: F

Address: - Region: OROMIA City: _____ Sub City: SHASHEMENE Woreda: 01 Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number: _____

Contact Person in case of Emergency: Name AMANE EDAO Telephone: 0913668103

2. Particulars of The Travel

Agency Name: AIKARA Agency Contact Name: NAWAL Telephone: 0975696969

Destination Country: KWT. 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.	AMANE EDAO	UNCLE		1604
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Faxe Tune **Signature:** _____ **Date:** 23/06/25