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: webeye Father's Name: Abucher G. Father's Name: workalemahu

Date of Birth: 27 Apr 91 Place of Birth: Nathereth Passport Number: EP 1287927 Gender: _____

Address: - Region: Oromia City: _____ Sub City: Adama Woreda: Grefe Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name meskerem kebede Telephone: 0940553483

2. Particulars of The Travel

Agency Name: BMG Agency Agency Contact Name: Getamun Telephone: 0911277320

Destination Country: Qatar/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.	Abucher workalemahu	Father	100%	0940553483
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	**100%**	

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

Name of Life Assured: webeye **Signature:** _____ **Date:** 27/05/25