ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626567, Fax: 251-116-626766
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:

Mr./Ms./Mrs.
(printed in the passport)

Name: ገስጥ Father's Name: ገሰሙ G. Father's Name: ሀሰቦ

Date of Birth: ? Place of Birth: Passport Number: Gender: ወ

Address: - Region: ኦሮሞ City: Sub City: ገርቢ Woreda: ወረዳ Kebele: H. No.:

Occupation: ዓለት ሰራተኛ Marital Status: ያገባ Labor ID Number:

Contact Person in case of Emergency: Name ገሰሙ ሌጣሳ ሌጣቦ Telephone: 0946353627

Particulars of The Travel

Agency Name: Dubai ገሰሙ Agency Contact Name: ቀዓሳሳ Telephone:

Destination Country: Dubai Departure (Effective) Date: 29/07/2025

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
1.	ገሰሙ ሌጣ	ገጠመ	100%	0946353627
2.				
3.				
4.				
5.				
6.				
			Total	100%

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

Name of Life Assured: ገስጥ ገሰሙ Signature: Date: 29/07/2025