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: Belaynesh Father's Name: Altaseb G. Father's Name: Abate

Date of Birth: 23-Jan-94 Place of Birth: Seju Passport Number: EQ2513417 Gender: Female

Address: - Region: Addis Ababa City: Addis Ababa Sub City: Nifas Silk Woreda: 06 Kebele: 19 H. No.: 802

Occupation: Housemaid Marital Status: Married Labor ID Number: EF11228898

Contact Person in case of Emergency: Name Tasese Tesfaye Telephone: 09-14-65-19-80

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

Destination Country: 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.	Tasese Tesfaye	Husband	50%	A.A / 0914651980
ii.	Urgo Ale	Mother	50%	Wolde / 0963572646
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Belaynesh Altaseb **Signature:** _____ **Date:** 1-Jul-2025