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**Nyala Insurance S.C**  
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P.O. Box: 12753, Addis Ababa, Ethiopia  
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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Zinash Father's Name: Tatale G. Father's Name: Tasema  
Date of Birth: 19-Nov-89 Place of Birth: Wolayta Passport Number: EP7586245 Gender: FEMALE  
Address: - Region: SWPP City: \_\_\_\_\_ Sub City: Wolayta Woreda: Kendo Koysha Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_  
Occupation: House-maid Marital Status: Married Labor ID Number: EF11271450  
Contact Person in case of Emergency: Name Aiena Charsh Telephone: 0919427148

### 2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320  
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.	<u>Tamrat Ukumo</u>	<u>Husband</u>	<u>100%</u>	<u>0915581291</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
		Total	100%	

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

Name of Life Assured: Zinash Signature: [Signature] Date: 23/8/28