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**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: Amelework Father's Name: Shiferaw G. Father's Name: Etkade

Date of Birth: 23-Jan-95 Place of Birth: Arsi Passport Number: CP7289542 Gender: FEMALE

Address: - Region: Oromia City: \_\_\_\_\_ Sub City: Arsi Woreda: Handa Kebele: 01 H. No.: \_\_\_\_\_  
Tadagi

Occupation: Housemaid Marital Status: Single Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Tanku Shiferaw Telephone: 0928530846

### 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>Tanku Shiferaw</u> | <u>Brother</u> | <u>100%</u>      | <u>0928530846</u> |
| ii.  | _____                 | _____          | _____            | _____             |
| iii. | _____                 | _____          | _____            | _____             |
| iv.  | _____                 | _____          | _____            | _____             |
| v.   | _____                 | _____          | _____            | _____             |
| vi.  | _____                 | _____          | _____            | _____             |
| vii. | _____                 | _____          | _____            | _____             |
|      |                       |                | <b>Total</b>     | <b>100%</b>       |

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

Name of Life Assured: Amelework Shiferaw Signature: Asf Date: 28-Feb-25