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: BEREKET Father's Name: NIGUSE G. Father's Name: BEYORE

Date of Birth: 29-Jun-98 Place of Birth: KENKICHO Passport Number: EP6806320 Gender: Female

Address: - Region: C-Ethiopia City: Hadiya Sub City: Hosana Woreda: Lichamo Kebele: _____ H. No.: _____

Occupation: _____ Marital Status: _____ Labor ID Number: _____

Contact Person in case of Emergency: Name Desta Beyere Telephone: 0912654022

2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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.	Marta Dumuchu	Mother	100 %	Hosana/0915619121
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

0901 11 66 77
M Y Foreign Employment Agent P.L.C

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

Name of Life Assured: Bereked Niguse **Signature:** _____ **Date:** 11-2-2025