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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: Enebet Father's Name: Alemu G. Father's Name: Lema

Date of Birth: 29/Jan/93 Place of Birth: Wara Passport Number: EA1143706 Gender: Female

Address: - Region: Addis Ababa City: A.A Sub City: Addis Kerkem Woreda: 9 Kebele: 18 H. No.: -

Occupation: Housemaid Marital Status: married Labor ID Number: EF10870724

Contact Person in case of Emergency: Name Beta Dereje Telephone: 0927372561

### 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. <u>Beta Dereje</u>	<u>Husband</u>	<u>50%</u>	<u>Sentay/0927372561</u>
ii. <u>Medanite Beshu</u>	<u>Mother</u>	<u>50%</u>	<u>Bere/0977050737</u>
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: Enebet Alemu Signature: Enebet Date: 23-4-25