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Nyala Insurance S.C

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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: Selam Father's Name: Temesgen G. Father's Name: Belayneh

Date of Birth: 10 Jan 87 Place of Birth: Hossana Passport Number: EQ1051767 Gender: female

Address: - Region: Central City: Hosana Sub City: Hadiya Woreda: Licho Kebele: Ambe H. No.:

Occupation: Housemaid Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Temesgen Belayneh Telephone: 0937335375

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nenay 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>Temesgen Belayneh</u>	<u>father</u>	<u>100%</u>	<u>Hossana/0937335375</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%

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

Name of Life Assured: Selam Temesgen Signature: [Signature] Date: 31-Dec-2024