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: Merdes Father's Name: Eshetu G. Father's Name: Alebo

Date of Birth: 26 Jan 01 Place of Birth: Arsi Passport Number: EQ2155036 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: Arsi Woreda: Dodota Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: single Labor ID Number: EF10488656

Contact Person in case of Emergency: Name Kebebush Iema Telephone: 0965714469

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.	Kebebush Iema	Mother	100%	0965714469
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Merdes **Signature:** _____ **Date:** 11/06/25