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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: Kurashaya Father's Name: Awol G. Father's Name: Ashim

Date of Birth: 12-Sep-83 Place of Birth: Sigmo Passport Number: EP9290491 Gender: female

Address: - Region: Oromia City: Sigmo Sub City: Jimma Woreda: Sigmo Kebele: origa H. No.: \_\_\_\_\_

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

Contact Person in case of Emergency: Name mohammed faris Telephone: 0953197544

### 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>mohammed faris</u>	<u>Brother</u>	<u>100%</u>	<u>Sigmo/0953197544</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: Kurashaya Awol Signature: \_\_\_\_\_ Date: 19-Dec-2024