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**Nyala Insurance S.C**

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P.O. Box: 12753, Addis Ababa, Ethiopia  
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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Brey Father's Name: Hayleslase G. Father's Name: Kindeya

Date of Birth: 03-Nov-92 Place of Birth: T/Abergele Passport Number: Sp8888282 Gender: female

Address: - Region: Tigray City: Abi Adi Sub City: Sele Woreda: Agebe Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

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

Contact Person in case of Emergency: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

### 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>Hayleslase Kindeya</u>	<u>father</u>	<u>100%</u>	<u>Tigray/0987427116</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: Brey Hayleslas Signature: [Signature] Date: 09-Dec-24