



251 116 626667

Nyala Insurance S.C.

Tel: 251-116-626667. Fax: 251-116-626667
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: niseo@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Toyba Father's Name: Muhammed G. Father's Name: Yimer

Date of Birth: 27-Apr-87 Place of Birth: Wallo Passport Number: 901247182 Gender: FEMALE

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

Occupation: Housemaid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Shewaye Endre Telephone: 0947207609

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.	<u>Shewaye Endre</u>	<u>Relative</u>	<u>100%</u>	<u>0947207609</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Aya Osman Signature: Aya Date: 17-Jan-25