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**Nyala Insurance S.**

Tel: 251-116-626667, Fax: 251-116-62  
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: Shewaye Father's Name: Mengistu G. Father's Name: Zelexe

Date of Birth: 11 SEP 89 Place of Birth: Jimma Passport Number: \_\_\_\_\_ Gender: FEM

Address: - Region: Aromia City: \_\_\_\_\_ Sub City: Jimma Woreda: Jimu Kasa Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSE maid Marital Status: single Labor ID Number: EFFYE87642

Contact Person in case of Emergency: Name Muluken Tadesse Telephone: 0992109835

### 2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277321

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>Muluken Tadesse</u>	<u>Brother</u>	<u>100%</u>	<u>09 92109835</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: Shewaye Signature: [Signature] Date: 05/03/25