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**Nyala Insurance S.**

Tel: 251-116-626667, Fax: 251-116-82  
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: Meseret Father's Name: Ordofa G. Father's Name: Dadi

Date of Birth: 11 Apr 91 Place of Birth: Godina Passport Number: EP9092471 Gender: FEM

Address: - Region: Oromia City: Elshoa Sub City: \_\_\_\_\_ Woreda: Ado Kebele: Godino jitu H. No.: \_\_\_\_\_

Occupation: house maid Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Amaz gudeta Telephone: 0922657720

### 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>MULU girma</u>	<u>Husband</u>	<u>100%</u>	<u>0915295707</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: Meseret Signature: [Signature] Date: 04/03/25