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**Nyala Insurance S.C**

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Protection House, Miky Lejano Street  
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: Meseret Father's Name: Ameshe G. Father's Name: Getahun

Date of Birth: 12 Nov 82 Place of Birth: Bahirdar Passport Number: EP 8939612 Gender: FEMALE

Address: - Region: A/A City: \_\_\_\_\_ Sub City: Yeka Woreda: 14 Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: single Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Metsanet Ameshe Telephone: 09 2376 9717

### 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>Metsanet Ameshe</u>	<u>sister</u>	<u>100%</u>	<u>0923769717</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: 08/05/25