



ኒያላ ኢንሹራንስ አ.ማ  
**Nyalia Insurance S.C**

Tel: 251-116-626667, Fax: 251-116-626706  
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: Aregash Father's Name: Tentasa G. Father's Name: Shanko

Date of Birth: 03/11/94 Place of Birth: Damot Passport Number: \_\_\_\_\_ Gender: FEMALE

Address: - Region: C/Ethiopia City: \_\_\_\_\_ Sub City: Woolayita Woreda: Damot Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: House Maid Marital Status: Married Labor ID Number: EF11182941

Contact Person in case of Emergency: Name Asefaw Ayele Telephone: 0915874279

### 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>Asefaw Ayele</u>	<u>Husband</u>	<u>100%</u>	<u>0915877279</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: Aregash Signature: [Signature] Date: 23/6/25