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**Nyala Insurance S.C**

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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: BEZA Father's Name: ALEMU G. Father's Name: GEBRE

Date of Birth: 28-oct-92 Place of Birth: ADIS ABABA Passport Number: EP 8848627 Gender: Female

Address: - Region: ADIS ABABA City: ADIS KETOMA Sub City: ADIS KETOMA Woreda: 12 Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: housemaid Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name SENATI BERET Telephone: 0913054861

### 2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>Tsedu A/mariam</u>	<u>mother</u>	<u>100%</u>	<u>A-A/0910341502</u>
ii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
iii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
iv.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
v.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
vi.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
vii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: BEZA Alemu Signature: [Signature] Date: 11-june-25