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Nyala Insurance S.C

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Protection House, Miky Leland 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: Meskerem Father's Name: Mengesha G. Father's Name: Fantaye

Date of Birth: 25 Apr 89 Place of Birth: Hurso Passport Number: EP8321597 Gender: Female

Address: - Region: Somali City: City Sub City: City Woreda: Ere Kebele: Hurso H. No.: _____

Occupation: housemaid Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name Robel Mengesha Telephone: 0911 858956

2. Particulars of The Travel

Agency Name: M Y 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>Robel Mengesha</u>	<u>brother</u>	<u>100%</u>	<u>Addis Ababa, Yeka, W2</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Meskerem Mengesha Signature: [Signature] Date: July 8, 2024