



ኒያላ ኢንሹራንስ አ.ማ  
**Nyala 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: BERETI Father's Name: WELDEGERMAG Father's Name: TESFAMICHAEL

Date of Birth: 13-Dec-89 Place of Birth: TIKOPARO Passport Number: EP8149072 Gender: Female

Address: - Region: ADIS LEMBA City: ARADA Sub City: 4K/10 Woreda: 09 Kebele:        H. No.:       

Occupation: Housemaid Marital Status: married Labor ID Number: EF10032027

Contact Person in case of Emergency: Name WAHID GEBRE Telephone: 0987997429

### 2. Particulars of The Travel

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

Destination Country: UAE / Qatar 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>WAHID GEBRE</u>	<u>mother</u>	<u>100%</u>	<u>Tigray / 0987997429</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: BERETI W/GERMA Signature: Berti Date: 18-June-2025