



ኒሃላ 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: Meskerem Father's Name: Lema G. Father's Name: Telila

Date of Birth: 25-Oct-92 Place of Birth: Deto Passport Number: \_\_\_\_\_ Gender: FEMALE

Address: - Region: Oromia City: \_\_\_\_\_ Sub City: Shoa Woreda: Adaa Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: Housemaid Marital Status: Single Labor ID Number: EFJ0811633

Contact Person in case of Emergency: Name Seifu Keyo Telephone: 0912833253

### 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>Seifu Keyo</u>	<u>Brother in law</u>	<u>100%</u>	<u>0912833253</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: Meskerem Lema Signature: [Signature] Date: 31-Jan-25