



ኒላ ኢንሰራንስ ሲ.ሲ
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: Mexdes Father's Name: Moges G. Father's Name: Haile

Date of Birth: 11-Sep-93 Place of Birth: Gadino Passport Number: EA2539972 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Gadino Woreda: 03 Kebele: 01 H. No.: 1234

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

Contact Person in case of Emergency: Name Tamirat Deyta Telephone: 0960988799

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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>Mamit Mandefru</u>	<u>Mother</u>	<u>50%</u>	<u>Bishofu / 0960988799</u>
ii.	<u>Merete Sisay</u>	<u>Aunt</u>	<u>50%</u>	<u>Bishofu / 070590452</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Mexdes Moges Signature: AAK Date: 22-May-2025