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: Mestawot Father's Name: Mekonnen G. Father's Name: Demesa

Date of Birth: 11-Sep-89 Place of Birth: Tijo Passport Number: EP8940253 Gender: Female

Address: - Region: Oromia City: Tijo Sub City: _____ Woreda: Digelona Kebele: 01 H. No.: _____

Occupation: House maid Marital Status: Merried Labor ID Number: _____

Contact Person in case of Emergency: Name Mekonnen Demese Telephone: ~~Demese~~ 0912258476

**2. Particulars of The Travel**

Agency Name: Alkaba agency Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: Dubai Departure (Effective) Date: 11-Dec-24

**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. | Mekonnen Demese | Father | 100% | 0912258476 |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| vii. | | | | |
| | | **Total** | **100%** | |

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

**Name of Life Assured:** Mestawot **Signature:** _____ **Date:** 11-Dec-24