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**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: meseret Father's Name: 2 Liku G. Father's Name: Dinku

Date of Birth: 21-Nov-85 Place of Birth: Sululta Passport Number: EP6276226 Gender: Female

Address: - Region: oromia City: Sululta Sub City: Sululta Woreda: - Kebele: 01 H. No.: -

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

Contact Person in case of Emergency: Name Abebe Gremachu Telephone: 0913078565

### 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Wenay 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>Teferi Dinku</u>	<u>uncle</u>	<u>100%</u>	<u>Sululta 0912040653</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: meseret 2 Liku Signature: [Signature] Date: 07-mar-2025