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Nyala Insurance S.C
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Protection House, Mikiy Leisang Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: HELEN Father's Name: ZENEBE G. Father's Name: BAYU

Date of Birth: 17 Oct 80 Place of Birth: A.A Passport Number: EP6681281 Gender: FEMALE

Address: - Region: A.A City: _____ Sub City: Kirkos Woreda: 02 Kebele: 0 H. No.: 096

Occupation: House mead Marital Status: single Labor ID Number: EF10661760

Contact Person in case of Emergency: Name Meseret DANIEL Telephone: 0911574115

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: 5-12-2025

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>Meseret Daniel</u>	<u>Sister</u>	<u>100%</u>	<u>0911574115</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Helen Zenebe Signature: [Signature] Date: 5-12-25