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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: Zeritu Father's Name: Mokonnen G. Father's Name: Chernet

Date of Birth: 19-Dec-89 Place of Birth: Arsi Passport Number: EQ2543325 Gender: FEMALE  
melka sheyt;

Address: - Region: Oromia City: Arusi Sub City: Arusi Woreda: Arusi Kebele: Arusi H. No.: Arusi

Occupation: House-maid Marital Status: Married Labor ID Number: EF11344208

Contact Person in case of Emergency: Name legesa birhanu Telephone: 0932194116

### 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>Zereke Welde</u>	<u>Brother</u>	<u>100%</u>	<u>0916872952</u>
ii.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
iii.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
iv.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
v.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
vi.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
vii.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Zeritu Signature: [Signature] Date: 26/6/25