



**Nyala Insurance S.C**  
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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: Hawa Father's Name: Hussen G. Father's Name: Jilo

Date of Birth: 21-dec-97 Place of Birth: ARSI Passport Number: EP8902281 Gender: FEMALE

Address: - Region: Oromia City: \_\_\_\_\_ Sub City: ARSI Woreda: Sherka Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: House-maid Marital Status: M Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Ahmed Aman Telephone: 0920619437

## 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>Ahmed Aman</u>	<u>Husband</u>	<u>100%</u>	<u>0920619437</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: Hawa Signature: [Signature] Date: 21/5/2025