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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: Alembo	Father's Name: Take	G. Father	's Name: Negreso	
Date of Birth: 03+0C+-88 Place of	Birth: Show Dag	separt Number (19252	2002	
Address: - Region: Uponia City:	Sub City: Ho. O. A.	Woreda Val	relation of H. N.	
Occupation: House maid	Marital Status:	Labor ID N	Welmera umber: EF1087962	B
Contact Person in case of Emergency: Nar	me Fetadu Bedao	la Telephone: 09	20240936	and the same of th
2. Particulars of The Travel			3	
Agency Name: 8 M G Foreign Employment A	Agency Agency Contact Nar	ne: GETAHUN	Telephone: 0911277320	
Destination Country: UAE	Departure (Effective) Date:	-	21
3. Beneficiary Information				
I hereby assignee the policy benefits to the documents, court order and liquidation repo	flowing beneficiaries. Police ort attested by the court.	cy benefit payments are s	subject required claim	
Full Name	Relationship	Percentage Share	Address/Telephone	
i. Fekadu Bedada ii.	Husband	1007-	_	
II.				
iv.	*			
V.	Statement			
vi.				
vii.	10110100000			
		Total	100%	
Please attached copy of Passport and Kebele	fD to this form.			
Name of Life Assured: Alemito To	rkele Signature:	Date:	18-Mar-25	