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**Nyala Insurance S.C**

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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: Haymanot Father's Name: Teshome G. Father's Name: Haftemariam

Date of Birth: 12-Dec-92 Place of Birth: Ginchi Passport Number: EP8539249 Gender: Female

Address: - Region: Oromia City: W. Shoa Sub City: W. Shoa Woreda: Dandi Kebele: Bojo H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Fekadu Kebele Telephone: 0914909035

### 2. Particulars of The Travel

Agency Name: Aley Agency Agency Contact Name: Neway 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>Teshome Haftemariam</u>	<u>Father</u>	<u>50%</u>	<u>Goleferi / 0985108225</u>
ii.	<u>Fekadu Kebele</u>	<u>Husband</u>	<u>50%</u>	<u>Gechi / 0914909035</u>
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: Haymanot Teshome Signature: Haymanot Date: 9-May-2025