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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: HELEN Father's Name: SAMUEL G. Father's Name: ZEMEDEKUN

Date of Birth: 11-sep-82 Place of Birth: ADISS ABABA Passport Number: EP8939032 Gender: Female

Address: - Region: ADISS ABABA City: ADISS ABABA Sub City: KALITI Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

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

Contact Person in case of Emergency: Name FEKADU MAMO Telephone: 0913645224

### 2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Dubai 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>ELETO MAMO</u>	<u>MOTHER</u>	<u>100%</u>	<u>A.A / 0913 6452 24</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: HELEN SAMUEL Signature: [Signature] Date: 9-7-2025