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**Nyala Insurance S.C**

Tel: 251-116-626667, Fax: 251-116-626706  
Protection House, Mikiy Leizano 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: Tamenech Father's Name: Darcho G. Father's Name: Batso

Date of Birth: 23 Apr 90 Place of Birth: Abto Passport Number: EA 2505371 Gender: FEMALE

Address: - Region: Southern City: \_\_\_\_\_ Sub City: Worajita Woreda: Q Kawa Kaysa Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Merihun Aschalew Telephone: 0912664013

### 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>Merihun Aschalew</u> | <u>Husband</u> | <u>100%</u>      | <u>0912664013</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: Tamenech Signature: [Signature] Date: 09/05/25