ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

I. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: BURETE Father's Name: GURMA G. Father's Name: ABERA.

Date of Birth: 02 NOV 92 Place of Birth: HURUTA Passport Number: EQ1464422 Gender: F.

Address: - Region: OROMIA City: _____ Sub City: ASSELA Woreda: HURUTA Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name TSION GEBEYEHU Telephone: 09 21091 8005.

II. Particulars of The Travel

Agency Name: ALKABA Agency Contact Name: _____ Telephone: _____

Destination Country: UAE. Departure (Effective) Date: _____

III. 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.	TSION GEBEYEHU	SISTER		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

IV. Please attached copy of Passport and Kebele ID to this form.

Name of Life Assured: BURTEE Signature: [signature] Date: 16/05/25

Nyala Insurance S.C