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**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

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Mistre Father's Name: Gizaw G. Father's Name: Zegeze

Date of Birth: 20 Apr 91 Place of Birth: Shoa Passport Number: EP6324100 Gender: Female

Address: - Region: Amhara City: Debrebirhan Sub City: Debre Eba Woreda: Debre Eba Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: Housemade Marital Status: Divorce Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Messin Birke Telephone: 0911832913

### 2. Particulars of The Travel

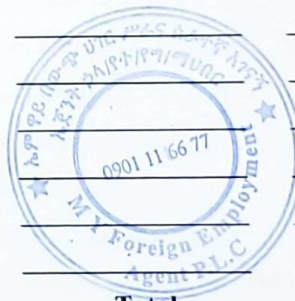
Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: UAE/01 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>Hailemarkos Gizaw</u>	<u>Brother</u>	<u>100%</u>	<u>Addis Abeba</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: Mistre Gizaw Signature: Mh Date: 25 nov 24