



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

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: TENKSH Father's Name: ENDASHAW G. Father's Name: YFRU

Date of Birth: 19-NOV-88 Place of Birth: ARSI NEGELE Passport Number: Ep8693600 Gender: Female

Address: - Region: Gromia City: E/ARSI Sub City: Heebon Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

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

Contact Person in case of Emergency: Name SAMILA GADISA Telephone: 0975260052

### 2. Particulars of The Travel

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

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>ENDASHAW YFRU</u>	<u>Father</u>	<u>100%</u>	<u>0926303815 /s-WNTD</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: TENKSH Endashaw Signature: [Signature] Date: 24-9-2024