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**Nyalia Insurance S.C**

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P.O. Box: 12753, Addis Ababa, Ethiopia  
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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: LECHAME Father's Name: ABE G. Father's Name: BIRAGO

Date of Birth: 16 DEC 91 Place of Birth: HOSSANA Passport Number: EP6480145 Gender: F

Address: - Region: DEBUB City: \_\_\_\_\_ Sub City: HOSSANA Woreda: LUCY Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name ABRAHAM ABE Telephone: 0924947554

### 2. Particulars of The Travel

Agency Name: AKKABA Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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>ABRAHAM ABE</u>	<u>BROTHER</u>	_____	<u>100%</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Lechame Signature: [Signature] Date: 6/05/25