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**Nyala Insurance S.C**

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Protection House, Miky Leland Street  
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: MEME Father's Name: MESFIN G. Father's Name: HAIL

Date of Birth: 19-NOV-92 Place of Birth: KOFTU Passport Number: EQ2168646 Gender: FEMALE

Address: - Region: DROMIYA City: \_\_\_\_\_ Sub City: BISHOFTU Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name MEKONEN GIRMA Telephone: 09-13-03-61-28

### 2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-47-36

Destination Country: UAE Departure (Effective) Date: 20-06-2025

### 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>MEKONEN GIRMA</u> | <u>HUSBAND</u> | <u>100%</u>      | <u>09-13-03-61-28</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: MEME Signature: [Signature] Date: 20-06-2025