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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: KALKIDAN Father's Name: SILESHI G. Father's Name: MITIKU

Date of Birth: 24-JAN-90 Place of Birth: GOJJAM Passport Number: EP9028447 Gender: FEMALE

Address: - Region: A.A City: \_\_\_\_\_ Sub City: BOLE Woreda: 06 Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

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

Contact Person in case of Emergency: Name WOGAYHU WALE Telephone: 09-12-86-55-44

### 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: 28-5-2025

### 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
<u>WOGAYHU WALE</u>	<u>SISTER</u>	<u>100%</u>	<u>09-12-86-55-44</u>
ii. _____	_____	_____	_____
iii. _____	_____	_____	_____
iv. _____	_____	_____	_____
v. _____	_____	_____	_____
vi. _____	_____	_____	_____
vii. _____	_____	_____	_____
Total			100%

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

Name of Life Assured: ቀገረ ፩ ለከፀ Signature: [Signature] Date: 28-5-2025