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**Nyala Insurance S.C**

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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: FANOS Father's Name: Grizaw G. Father's Name: Shefale

Date of Birth: 7-Feb-85 Place of Birth: SHOA Passport Number: EP8510219 Gender: Female

Address: - Region: Oromia City: Sendafa Sub City: Legajila Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

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

Contact Person in case of Emergency: Name Wubatu Grizaw Telephone: 0927947650

### 2. Particulars of The Travel

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

Destination Country: UAE / AT 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>Abeba Mekuanint</u>	<u>Child</u>	<u>25%</u>	<u>Sendafa / 09238648</u>
ii.	<u>Helen Mekuanint</u>	<u>Child</u>	<u>25%</u>	<u>Sendafa</u>
iii.	<u>Iskai Mekuanint</u>	<u>Child</u>	<u>25%</u>	<u>Sendafa</u>
iv.	<u>Selam Mekuanint</u>	<u>Child</u>	<u>25%</u>	<u>Sendafa</u>
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: FANOS Grizaw Signature: [Signature] Date: 27-mar-25