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**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: Simegn Father's Name: Terefe G. Father's Name: Tapeno

Date of Birth: 2-Apr-95 Place of Birth: fantale Passport Number: EQ2579737 Gender: female

Address: - Region: Oromia City: Metahara Sub City: Metahara Woreda: fantale Kebele: Alegi H. No.: New

Occupation: Housemaid Marital Status: single Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Taniku Terefe Telephone: 0942442917

### 2. Particulars of The Travel

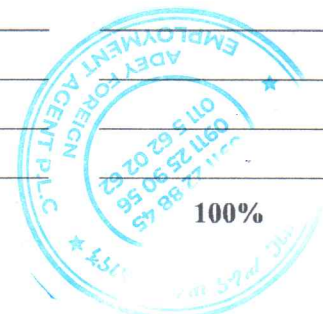
Agency Name: Adey Agency Agency Contact Name: Nwony Telephone: 0912805194

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>Jemanshe Girma</u>	<u>mother</u>	<u>100%-</u>	<u>09044958941</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: Simegn Terefe Signature: [Signature] Date: 31-May-25