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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@nyalainsurance.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Hamesel Father's Name: Abebe G. Father's Name: Moges

Date of Birth: 28 Oct 91 Place of Birth: Kelela Passport Number: EP9226025 Gender: FEMALE

Address: - Region: Oromia City:  Sub City: E/Shoa Woreda: Adaa Kebele:  H. No.:

Occupation: House maid Marital Status: Divorced Labor ID Number: EF10600477

Contact Person in case of Emergency: Name Bekere Abebe Telephone: 09 8286 53 96

### 2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

Destination Country: UAE / Qatar 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>Bekere Abebe</u>	<u>Brother</u>	<u>100%</u>	<u>09 8286 53 96</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
		Total	100%	

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

Name of Life Assured: Hamesel Signature: [Signature] Date: 20/03/25