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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: Fanose Father's Name: Mengistu G. Father's Name: Gebisa

Date of Birth: 11 SEP 90 Place of Birth: Holeta Passport Number: EG 1046437 Gender: FEMALE

Address: - Region: Oromia City: West Shoa Sub City: Ejere Woreda: Ejere Kebele:  H. No.:

Occupation: House maid Marital Status: Single Labor ID Number:

Contact Person in case of Emergency: Name  Telephone:

### 2. Particulars of The Travel

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

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>Dawite dibaba</u> | <u>Daughter</u> | <u>100%</u>      | <u>Ejere</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>           |
|      |                      |                 | <b>Total</b>     | <b>100%</b>       |

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

Name of Life Assured:  Signature:  Date: