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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: Birhane Father's Name: Tadese G. Father's Name: Mulkabo

Date of Birth: 13-8-92 Place of Birth: Shashacho Passport Number: EQ2857806 Gender: Female

Address: - Region: Gethio City: Shishitu Sub City: Mesafe Woreda: Kachi Kebele: Mesafe H. No.: New

Occupation: Housemaid Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name Tegengn Tadese Telephone: 0932 010718

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Roway 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>Tegengn Tadese</u>	<u>Brother</u>	<u>100%</u>	<u>0932 010718</u>
ii. _____	_____	_____	_____
iii. _____	_____	_____	_____
iv. _____	_____	_____	_____
v. _____	_____	_____	_____
vi. _____	_____	_____	_____
vii. _____	_____	_____	_____
Total			100%

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

Name of Life Assured: Birhane Tadese

Signature: [Signature]

Date: 24 Jun-25