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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: Nanaye Father's Name: Taye G. Father's Name: Gizaw

Date of Birth: 12-Dec-02 Place of Birth: Addis Ababa Passport Number: EP9275766 Gender: Female

Address: - Region: A.A City: A.A Sub City: A-keferma Woreda: 12 Kebele: 07 H. No.: 322

Occupation: House maid Marital Status: Single Labor ID Number: EF70981390

Contact Person in case of Emergency: Name Sheben Gadisa Telephone: 0910109081

### 2. Particulars of The Travel

Agency Name: Aden Agency Agency Contact Name: Nanay 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>Haymanot Taye</u>	<u>sister</u>	<u>100 %</u>	<u>0970727172</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: Nanaye Taye

Signature: [Signature]

Date: 6-May-25