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Nyala Insurance S.C

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Protection House, Miky Legend Street  
P.O. Box: 12753, Addis Ababa, Ethiopia  
e-mail: nisco@nyalainurance.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Tirvalew Father's Name: sendere G. Father's Name: Tegegne

Date of Birth: 11 Jan 88 Place of Birth: Woldia Passport Number: EA2204986 Gender: FEMALE

Address: - Region: Amhara City: \_\_\_\_\_ Sub City: Gondar Woreda: gayent Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Asfaw Telahun Telephone: 0950271332

### 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>Asfaw Telahun</u>	<u>Husband</u>	<u>100%</u>	<u>0950271332</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Tirvalew Signature: [Signature] Date: 30/04/25