ኒያላ ኢንሹራንስ አ.ማ
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: Dureti Father's Name: Tadesse G. Father's Name: Eshete

Date of Birth: 28-APR-28 Place of Birth: _____ Passport Number: EQ2507778 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: Asela Woreda: kombolcha Kebele: _____ H. No.: _____

Occupation: House-maid Marital Status: Married Labor ID Number: EFL1192518

Contact Person in case of Emergency: Name Eyegayehu Tadesse Telephone: 0941090696

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.	Eyegayehu Tadesse	mother	100%	0941090696
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Dureti **Signature:** ~~Dmf~~ **Date:** 21/7/25