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**Nyala Insurance S.C**  
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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: Nezira Father's Name: Abafita G. Father's Name: Abadiko

Date of Birth: 11-Sep-88 Place of Birth: Doyo HAWA Passport Number: EQ2511061 Gender: f

Address: - Region: Oromia City: Jimma Sub City: Doyo betta Woreda: Doyo betta Kebele:  H. No.:

Occupation: House - maid Marital Status: D Labor ID Number:

Contact Person in case of Emergency: Name Miskiye Bagojam Telephone: 0976802120

### 2. Particulars of The Travel

Agency Name: BMG Agency Agency Contact Name: Getahun Telephone: 0911

Destination Country: UAE/Q 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>Miskiye Bagojam</u>	<u>Mother</u>	<u>100%</u>	<u>0976802120</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: Nezira Signature:  Date: 28/5/25