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**Nyala Insurance S**

Tel: 251-116-626667, Fax: 251-116-6  
Protection House, Miky Leland Street  
P.O. Box: 12753, Addis Ababa, Ethio  
e-mail: nisco @nyalainsurancesc.co

## Foreign Employment Term Assurance (FETAP) Proposal Fo

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: mebrat Father's Name: Megash G. Father's Name: Bedaso

Date of Birth: 22 Oct 93 Place of Birth: Sire Passport Number: EP65 38042 Gender: FEM

Address: - Region: oromia City: \_\_\_\_\_ Sub City: Arsi Woreda: Yesre Kebele: 01 H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: married Labor ID Number: EWUU68245

Contact Person in case of Emergency: Name werkitu kumbi Telephone: 0910715215760

### 2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277321

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>werkitu kumbi</u>	<u>mother</u>	<u>100%</u>	<u>0915215760</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: mebrat Signature: [Signature] Date: 08/03/2025