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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: Shasnu Father's Name: Hussen G. Father's Name: Adem

Date of Birth: 20-08-85 Place of Birth: Arsi Passport Number: EP8737851 Gender: FEMALE

Address: - Region: Dromia City: _____ Sub City: Arsi Woreda: Beder Kebele: Gana H. No.: _____

Occupation: House-wala Marital Status: married Labor ID Number: EF10096126

Contact Person in case of Emergency: Name Tiro Joneyd Telephone: 0922682213

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>Tiro Joneyd</u>	<u>Husband</u>	<u>100%</u>	<u>Dromia</u>
ii.	_____	_____	_____	<u>Arsi</u>
iii.	_____	_____	_____	<u>Gana</u>
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Shasnu Hussen Signature: [Signature] Date: 08-Feb-25