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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: Tirunesh Father's Name: Abera G. Father's Name: Cheriso

Date of Birth: 11 Jan 91 Place of Birth: Ashewata Passport Number: EP669690S Gender: FEMALE

Address: - Region: South City: \_\_\_\_\_ Sub City: Hosana Woreda: 1emp Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: House-maid Marital Status: M Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name melesca shita Telephone: 09 86 13 47 48

### 2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

Destination Country: UAE /a 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>Melesca Shita</u>	<u>mother</u>	<u>100%</u>	<u>09 86 13 47 48</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: Tirunesh Signature: [Signature] Date: 2/6/25