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**Nyala Insurance S.**  
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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: Kibnesh Father's Name: Bachu G. Father's Name: Legese  
Date of Birth: 18 Oct 87 Place of Birth: Arsi Passport Number: EP7933596 Gender: FEMALE  
Address: - Region: oromia City: \_\_\_\_\_ Sub City: Arsi Woreda: Asela Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_  
Occupation: House maid Marital Status: married Labor ID Number: \_\_\_\_\_  
Contact Person in case of Emergency: Name Kebe Taba Telephone: 09 25610436

### 2. Particulars of The Travel

Agency Name: S 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>Kebe Taba</u>	<u>Husband</u>	<u>100%</u>	<u>09 25610436</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
Total			100%	

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

Name of Life Assured: Kibnesh Signature: [Signature] Date: 01/04/25