



ኒላ አ.ን.ፋ.ሪ.ን.ስ.አ.ማ  
**Nyala Insurance S.C**

Tel: 251-116-626667, Fax: 251-116-626706  
Protection House, Miky Leland Street  
P.O. Box: 12753, Addis Ababa, Ethiopia  
e-mail: nisco@nyalainsurancesc.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: ZNASH Father's Name: HORDOFA G. Father's Name: TGU

Date of Birth: 16 FEB 87 Place of Birth: ADAMA Passport Number: EP8512855 Gender: F

Address - Region: OROMIA City: \_\_\_\_\_ Sub City: ADAMA Woreda: BOKU Kebele: SHENEN H. No.: \_\_\_\_\_

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name TESFAYE AMBESSE Telephone: 0920167220

### 2. Particulars of The Travel

Agency Name: ALKAABA Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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>TESFAYE AMBESSE</u>	<u>HUSBAND</u>	<u>100%</u>	<u>100%</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

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