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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: Alemnesh Father's Name: Shibiru G. Father's Name: Dechasa

Date of Birth: 22 Oct 94 Place of Birth: Arsi Passport Number: EP8091914 Gender: FEMALE

Address: - Region: Oromia City: Absi Sub City: Amigna Woreda: Amigna Kebele: Amigna H. No.: Amigna

Occupation: House maid Marital Status: Single Labor ID Number: EFDME63803

Contact Person in case of Emergency: Name Ashenafi Dechasa Telephone: 0910019871

### 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>Mulu Demisse</u>	<u>Mother</u>	<u>100%</u>	<u>0942326504</u>
ii.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
iii.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
iv.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
v.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
vi.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
vii.	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Alemnesh Signature: AS Date: 14/02/25