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**Nyala Insurance S.C**

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Protection House, Miky Leland Street  
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: Mitinn Father's Name: WORKU G. Father's Name: Dessalegn

Date of Birth: 26-SEP-86 Place of Birth: Kirgalem Passport Number: EP7620988 Gender: Female

Address: - Region: Sidama City: Hawasa Sub City: Kirgalem Woreda: Kirgalem Kebele:  H. No.:

Occupation: Housemade Marital Status: married Labor ID Number: EF10888989

Contact Person in case of Emergency: Name Ageze Abayneh Telephone: 0915597818

### 2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: ~~QATAR~~ 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>Ageze Abayneh</u>	<u>Husband</u>	<u>100%</u>	<u>Hawasa</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: mitinn WORKU Signature: [Signature] Date: 18-Feb-25