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**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: BEREKET Father's Name: MELESE G. Father's Name: ERBALO

Date of Birth: 08-JAN-97 Place of Birth: GIBE Passport Number: EQ 2041325 Gender: Female

Address: - Region: \_\_\_\_\_ City: \_\_\_\_\_ Sub City: \_\_\_\_\_ Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ II. No.: \_\_\_\_\_

Occupation: House maid Marital Status: Single Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Tamrat ferede Telephone: 0932511348

### 2. Particulars of The Travel

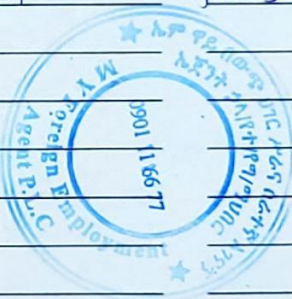
Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>MELESE ERABAW</u>	<u>Father</u>	<u>100%</u>	<u>hossana/0943 36648</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: BEREKET MELESE Signature: [Signature] Date: 1-4-2025