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Nyala Insurance S.C

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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: MESERET Father's Name: TERESA G. Father's Name: DEBELE

Date of Birth: 19-OCT-85 Place of Birth: WELENKOMI Passport Number: EP8979435 Gender: FEMALE

Address: - Region: OROMIA City: _____ Sub City: WEST SHOA Woreda: EJERSE Kebele: 02 H. No.: _____

Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number: _____

Contact Person in case of Emergency: Name ABRAHAM GETACHEW Telephone: 09-10-55-14-20

2. Particulars of The Travel

Agency Name: AL KABA 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>ABRAHAM GETACHEW</u>	<u>COUSIN</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: _____ Signature: _____ Date: 19-05-2025