ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.
Tel: 251-116-626467 Fax: 251-116-62
Protection House, Milky Lehulu Street
P.O Box: 12753, Addis Ababa, Ethiop
Email: nisco@nyalainsurance.com

# Foreign Employment Term Assurance (FETAP) Proposal For

**1. Particulars of the Life Assured:**

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Tejtu Father's Name: Dereje G. Father's Name: Bekele

Date of Birth: 29-Dec 91 Place of Birth: Ginch Passport Number: EQ2041762 Gender: FEMALE

Address: - Region: Oromia City: Sheger Sub City: Mella Nono Woreda: Nono Kebele: Melka Nono H. No.: _____

Occupation: Housemaid Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name Birhanu Dereje Telephone: 0922618484

**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. | Birhanu Dereje | Brother | 100% | 0922618484 |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| vii. | | | | |
| | | Total | | 100% |

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

Name of Life Assured: Tejtu Dereje Signature: _____ Date: 03-Apr-25