



ኒላ አ.ን.ፋ.ሪ.ን.አ.ማ  
**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: Genet Father's Name: Dirba G. Father's Name: Negele  
Date of Birth: 11-Sep-93 Place of Birth: Shale chebet Passport Number: EP9170089 Gender: Female  
Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: Teyu Kebele: 08 H. No.: New  
Occupation: House maid Marital Status: Single Labor ID Number: EF10815221  
Contact Person in case of Emergency: Name Getie Dirba Telephone: 0942449012

### 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Norway Telephone: 0912807194  
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>Getie Dirba</u>	<u>Sister</u>	<u>100%</u>	<u>0942449012</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: Genet Dirba Signature: [Signature] Date: 15-May-25