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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: Lubaba Father's Name: Kedir G. Father's Name: Heyne  
Date of Birth: 27-Jul-96 Place of Birth: Hadiya Passport Number: EP6587501 Gender: female  
Address: - Region: central City: Hadiya Sub City: Hadiya Woreda: semo Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_  
Occupation: House maid Marital Status: single Labor ID Number: \_\_\_\_\_  
Contact Person in case of Emergency: Name musiyu Tunisedo Telephone: 0913023574

### 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912851941  
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>musiyu Tunisedo</u>	<u>Brother</u>	<u>100%</u>	<u>Mossana/0913023574</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: Lubaba Kedir Signature: [Signature] Date: 18-Dec-2024