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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: Fetiya Father's Name: Endris G. Father's Name: Woyesa

Date of Birth: 11-sep-93 Place of Birth: Sendafa Passport Number: EP9367293 Gender: Female

Address: - Region: oromia City: Sendafa Sub City: \_\_\_\_\_ Woreda: \_\_\_\_\_ Kebele: 01 H. No.: \_\_\_\_\_

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

Contact Person in case of Emergency: Name Melela Furgasa Telephone: 0978174154

### 2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejma Telephone: 0972302010

Destination Country: Dubai Departure (Effective) Date: 23-06-2025

### 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>Melela Furgasa</u>	<u>Mother</u>	<u>100%</u>	<u>0978174154</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: Fetiya Endris Signature: [Signature] Date: 23-06-2025