



ኒያላ ኢንሹራንስ 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: Alemgena Father's Name: Tadese G. Father's Name: Mengesha

Date of Birth: 28-Oct-90 Place of Birth: Limushan Passport Number: EP9285289 Gender: Female

Address: - Region: Oromia City: Asela Sub City: Asela Woreda: Makla Kebele: 11 H. No.: New

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10952132

Contact Person in case of Emergency: Name Maese Belan Telephone: 09 85433788

### 2. Particulars of The Travel

Agency Name: Adey Agenan Agency Contact Name: Nowan Telephone: 0912805104

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>Melese Belan</u>	<u>Spouse</u>	<u>100%</u>	<u>0985433788</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: Alemgena Tadese Signature: [Signature] Date: 28 May 25