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**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: GADISE Father's Name: MOTUMA G. Father's Name: KENO

Date of Birth: 11-SEP 94 Place of Birth: BAKO Passport Number: EP6648968 Gender: F

Address: - Region: OROMIA City: \_\_\_\_\_ Sub City: AMBO Woreda: BAKO Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name BIRHANIE ALETA Telephone: 0943071260

### 2. Particulars of The Travel

Agency Name: AIKAB Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Destination Country: UAE Departure (Effective) Date: 12-11-24

### 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>BIRHANIE ALETA</u>	<u>MOTHER</u>	<u>100%</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Gadise Signature: Gadise Date: 12-11-24