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**Nyala Insurance S.C**

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Protection House, Miky Leland Street  
P.O. Box: 12753, Addis Ababa, Ethiopia  
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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: SARA Father's Name: NGUSE G. Father's Name: KITEGA

Date of Birth: 18-AUG-87 Place of Birth: AXUM Passport Number: EP7911656 Gender: FEMALE

Address: - Region: A.A City: \_\_\_\_\_ Sub City: ARADA Woreda: 09 Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name TEMESGEN ZEMO Telephone: 09-25-44-86-17

### 2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-47-36

Destination Country: UAE Departure (Effective) Date: 30-05-2025

### 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>TEMESGEN ZEMO</u>	<u>BROTHER</u>	<u>09-25-44-86-17</u>	<u>100%</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: SARA NGUSE Signature: [Signature] Date: 30-05-2025