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**Nyala Insurance S.C**  
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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: Haymanot Father's Name: Mekonen G. Father's Name: Gebreemeskel

Date of Birth: 30 AUG 83 Place of Birth: Adwa Passport Number: EP6431737 Gender: FEMALE

Address: - Region: ALA City: \_\_\_\_\_ Sub City: Nifas Silk 10fto Woreda: 02 Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

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

Contact Person in case of Emergency: Name Beraki mekonen Telephone: 0914174550

### 2. Particulars of The Travel

Agency Name: **B M G Foreign Employment Agency** Agency Contact Name: **GETAHUN** Telephone: **0911277320**

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>Beraki mekonen</u>	<u>Brother</u>	<u>100%</u>	<u>0914174550</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: Haymanot Signature: [Signature] Date: 07/05/25