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: Mulunesh Father's Name: Melese G. Father's Name: Abera

Date of Birth: 10-Sep-97 Place of Birth: Abet Passport Number: EJ7079160 Gender: Female

Address: - Region: Amhara City: Dessie Sub City: Dessie Woreda: Abnbsla Kebele: Abet H. No.: New

Occupation: House maid Marital Status: Single Labor ID Number: EFMM98139

Contact Person in case of Emergency: Name Aragaw Melese Telephone: 0984043550

**2. Particulars of The Travel**

Agency Name: Adey Agency Agency Contact Name: Adway Telephone: 0912805194

**Destination Country:** Dubai **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. | Aragaw Melese | Brother | 100 % | 0984043550 |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| vii. | | | | |
| | | **Total** | **100%** | |

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

**Name of Life Assured:** Mulunesh Melese **Signature:** _____ **Date:** 9-Apr-25