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**Nyala Insurance S.C.**  
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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: seada Father's Name: Abdujellel G. Father's Name: mechamed

Date of Birth: 17 Nov 86 Place of Birth: Arsi Passport Number: EP Gender: FEMALE

Address: - Region: Oromia City: \_\_\_\_\_ Sub City: Arsi Woreda: Digeibha Tejo Kebele: Kechemma H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: married Labor ID Number: EF10925372

Contact Person in case of Emergency: Name Kemal Gerner Telephone: 09 1084 6058

### 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>Abdujellel mechamed</u>	<u>Father</u>	<u>100%</u>	<u>09 32306547</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: seada Signature: st Date: 24/02/25