



ኒላ 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: Tezerash Father's Name: Tadesse G. Father's Name: Shano

Date of Birth: 07-Nov-00 Place of Birth: Wolaita Passport Number: EP6664478 Gender: Female

Address: - Region: C-Ethio City: Areka Sub City: Buriso Woreda: Bulus Kebele: Gebere H. No.: New

Occupation: Housemaid Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name Mengistu Tadesse Telephone: 0910920799

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809194

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>Mengistu Tadesse</u>	<u>Brother</u>	<u>50%</u>	<u>A.A / 0910920799</u>
ii.	<u>Almaz MORA</u>	<u>Mother</u>	<u>50%</u>	<u>Wolaita / 0984441262</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Tezerash Tadesse Signature: [Signature] Date: 29 May-25