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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: Meko Father's Name: Busu G. Father's Name: Halo

Date of Birth: 14-Feb-87 Place of Birth: Arsi Passport Number: CA1824115 Gender: FEMALE

Address: - Region: Dromsa City: \_\_\_\_\_ Sub City: Arsi Woreda: Bake Kebele: Habe H. No.: \_\_\_\_\_

Occupation: Housemaid Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Abdurahman wado Telephone: 0914248846

### 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>Abdurahman wado</u>	<u>Husband</u>	<u>50%</u>	<u>0914248846</u>
ii.	<u>Ayo Aman</u>	<u>Mother</u>	<u>50%</u>	<u>0927909996</u>
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: Meko Busu Signature: [Signature] Date: 18-Mar-25