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: Meron Father's Name: Shemels G. Father's Name: Mengeste

Date of Birth: 31/aug/92 Place of Birth: Arsi Passport Number: EQ2202136 Gender: FEMALE

Address: - Region: A/A City: _____ Sub City: Yeka Woreda: 05 Kebele: 5 H. No.: -

Occupation: House Maid Marital Status: Married Labor ID Number: EF11484311

Contact Person in case of Emergency: Name SENTAYEW GEZAHGN Telephone: 0909604153

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.	sentayew Gezahgn	Husband	100%	0909604153
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Meron shemels Signature: _____ Date: 11/8/25