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Nyala Insurance S.C

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P.O. Box: 12753, Addis Ababa, Ethiopia

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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: Zeyneba Father's Name: Amano G. Father's Name: Adem

Date of Birth: 19 Nov 89 Place of Birth: Arsi Passport Number: EQ1230805 Gender: FEMALE

Address - Region: Oromia City: _____ Sub City: Arsi Woreda: 10de hitasa Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: married Labor ID Number: EF10729929

Contact Person in case of Emergency: Name Gena Shemsedin Telephone: 0941081855

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>Gena Shemsedin</u>	<u>SON</u>	<u>100%</u>	<u>0941081855</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Zeyneba Signature: [Signature] Date: 06/05/25