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Nyala Insurance S.C

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Protection House, Miky Leisang 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: seniyt Father's Name: mengistu G. Father's Name: Afe

Date of Birth: 25 Oct 95 Place of Birth: Bosa Sore Passport Number: EG25452
EG5429 Gender: FEMALE

Address: - Region: Southern City: _____ Sub City: wolayta Woreda: Areka Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: single Labor ID Number: _____

Contact Person in case of Emergency: Name Gezanehgn megzi Telephone: 0969173114

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>Gezanehgn megzi</u> | <u>Brother</u> | <u>100%</u> | <u>0969173114</u> |
| ii. | _____ | _____ | _____ | _____ |
| iii. | _____ | _____ | _____ | _____ |
| iv. | _____ | _____ | _____ | _____ |
| v. | _____ | _____ | _____ | _____ |
| vi. | _____ | _____ | _____ | _____ |
| vii. | _____ | _____ | _____ | _____ |
| | | | Total | 100% |

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

Name of Life Assured: seniyt Signature: [Signature] Date: 08/05/25