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Nyala Insurance S.C

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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: Bizunesh Father's Name: Tesfa G. Father's Name: Adamu

Date of Birth: 11-sep-89 Place of Birth: Shoa Passport Number: E02859714 Gender: FEMALE

Address: - Region: Oromia City: Nilshoa Sub City: Nilshoa Woreda: Girar Jarso Kebele: _____ H. No.: _____

Occupation: House-maid Marital Status: M Labor ID Number: E

Contact Person in case of Emergency: Name Ketema belachew Telephone: 0984257484

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>Demisew tesfa</u>	<u>Brother</u>	<u>100%</u>	<u>09 67310554</u>
ii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
iii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
iv.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
v.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
vi.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
vii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
			Total	100%

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

Name of Life Assured: Bizunesh Signature: A H Y T Date: 15/7/25