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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: Aberash Father's Name: Dergu G. Father's Name: Degefe

Date of Birth: 15 Nov 90 Place of Birth: Jabe Passport Number: EQ1248401 Gender: F

Address: - Region: oromia City: Sendafa Sub City: Sendafa Woreda: Sendafa Kebele: Sendafa H. No.: Sendafa

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

Contact Person in case of Emergency: Name Robe geza Telephone: 09 20 65 98 47

2. Particulars of The Travel

Agency Name: BMG Agency Agency Contact Name: Getahun Telephone: Sendafa

Destination Country: UAE Departure (Effective) Date: Sendafa

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>Robe geza</u>	<u>mother</u>	<u>100%</u>	<u>09 20 65 98 47</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Aberash Signature: [Signature] Date: 25/01/25