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Nyala Insurance S.C

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Protection House, Miky Leiang Street
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: Zenash Father's Name: Mogos G. Father's Name: Meskere

Date of Birth: 26-Aug-00 Place of Birth: Boditi Passport Number: EP7268345 Gender: FEMALE

Address: - Region: Southern City: Weyta Sub City: Weyta Woreda: Gama Kebele: 2 H. No.: Kabedho bed. 4

Occupation: House- maid Marital Status: Single Labor ID Number:

Contact Person in case of Emergency: Name Birhanu fariso Telephone: 09 88667141

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>Mogos Meskere</u>	<u>father</u>	<u>100%</u>	<u>09 88667141</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: Zenash Mogos Signature: [Signature] Date: 21/5/2025