



ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706
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: Ertban Father's Name: Sete G. Father's Name: Getahun

Date of Birth: 26 Apr 89 Place of Birth: Gubalafito Passport Number: EE1268684 Gender: FEMALE

Address: - Region: Amara City: _____ Sub City: W/ Wollo Woreda: Angot Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Divorced Labor ID Number: EE10767188

Contact Person in case of Emergency: Name Sentayehu Sete Telephone: 09 36 29 52 91

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>Sentayehu Sete</u>	<u>Sister</u>	<u>100%</u>	<u>0936 29 52 91</u>
ii.	_____	_____	_____	<u>09</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Ertban Signature: [Signature] Date: 17/03/25