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Nyala Insurance S.C

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Protection House, Miky Lelend Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Almaz Father's Name: Dagefa G. Father's Name: Tefera

Date of Birth: 27-Sep-78 Place of Birth: Asella Passport Number: CP7420021 Gender: FEMALE

Address: - Region: Dromia City: Asella Sub City: Asella Woreda: Chilalo Kebele: Chilalo H. No.:

Occupation: Housemaid Marital Status: Divorced Labor ID Number:

Contact Person in case of Emergency: Name Kalkidan Tadesse Telephone: 0910419636

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>Haregua chernet</u>	<u>Mother</u>	<u>100%</u>	<u>0965954330</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: Almaz Dagefa Signature: [Signature] Date: 28-Apr-25