

1. Particulars of the Life Assured:

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

Title: Mr./Ms./Mrs.			
(As printed in the passport)			
	er's Name: Bezals	G Father's	Nama Raclas A
Date of Birth: 29-May 91 Place of Birth	: Asebot Passp	ort Number: EP924	2684 Gender: FEMALE
Address: - Region: A.A City:	_ Sub City:	Woreda: Kebe	le:H. No.:
Occupation: Housemaid Marie	al Status: Manied	Labor ID Nur	mber: <u>EFJ02 93936</u>
Contact Person in case of Emergency: Name _	Fethework Betabil	Telephone: 09118	308965
2. Particulars of The Travel			
Agency Name: B M G Foreign Employment Agen	Agency Contact Name	e: GETAHUN T	elephone: 0911277320
Destination Country:UAE	Departure (Effective)	Date:	male, i
3. Beneficiary Information			
I hereby assignee the policy benefits to the flo	wing beneficiaries Police	y henefit navments are s	ubject required claim
Thereby assignee the policy benefits to the no	wing beneficiaries. Fone,	y benefit payments are si	abject required claim
documents, court order and liquidation report	attested by the court.		
Full Name	Relationship	Percentage Share	Address/Telephone
i. Fetlework Bezabah	helative	100%	0911808965
ii. "TON CAPSIA BENEVITE LONG TON THE ASSESSMENT OF BENEVITE SOME CHAPTER ASSESSMENT OF THE ASSESSMENT	e late a second		
iii.			
iv.		<i>y</i>	
11.			
V	·		
vi.			
vii.			
VII.			
		Total	100%
	D 41 C		
Please attached copy of Passport and Kebele I	D to this form.	ä	
N STIG ASSOCIATION ASSOCIATION	6:	My D	11-To 08
Name of Life Assured: Aya Osman	Signature:	Date:	16-Jan-25