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Nyala Insurance S.C
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Protection House, Miky Leland Street
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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: Chaltu Father's Name: Nuguse G. Father's Name: Wendafash

Date of Birth: 29-May-24 Place of Birth: Arsi Passport Number: EP87 23938 Gender: FEMALE

Address: - Region: Oromia City: Arsi Sub City: Woreda Kebele: 02 H. No.: Eteya

Occupation: Housemaid Marital Status: Married Labor ID Number:

Contact Person in case of Emergency: Name Alemayehu Telephone: 0924731704
Nuguse

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>Mebratu Kelema</u>	<u>Husband</u>	<u>100%</u>	<u>0921493731</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: Aya Osman Signature: Aya Date: 17-Jan-25