



ኒሃላ 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@nyalainurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Kalkidan Father's Name: Tasew G. Father's Name: Tadese

Date of Birth: 21 Mar 00 Place of Birth: Minjar Shenkora Passport Number: EP9388527 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: mojo Woreda: _____ Kebele: meikalom H. No.: _____

Occupation: House maid Marital Status: Single Labor ID Number: EF10481185

Contact Person in case of Emergency: Name Testa Tasew Telephone: 0941592369

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>Tasew Tadese</u>	<u>Father</u>	<u>100%</u>	<u>mojo</u>
ii.	_____	_____	_____	<u>0922504020</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Kalkidan Signature: [Signature] Date: 03/04/25