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Nyala Insurance S.C

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P.O. Box: 12753, Addis Ababa, Ethiopia
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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: DEBELE Father's Name: KUMALA G. Father's Name: URGESA

Date of Birth: 11 SEP 93 Place of Birth: AREFENJO Passport Number: EP7201999 Gender: FEMALE

Address: - Region: Ambo City: _____ Sub City: _____ Woreda: _____ Kebele: _____ H. No.: _____

Occupation: _____ Marital Status: _____ Labor ID Number: _____

Contact Person in case of Emergency: Name Atenau Kumela Telephone: 0929916564

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>Atenau Kumela</u>	<u>Brother</u>	<u>100%</u>	<u>0929916564</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
		Total	100%	

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

Name of Life Assured: Debele Signature: [Signature] Date: 06-05-2025