



ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.

Tel: 251-116-626667, Fax: 251-116-62
Protection House, Miky Leland Street
P.O. Box: 12793, 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: Fetiya Father's Name: Awol G. Father's Name: Serd

Date of Birth: 19 Nov 01 Place of Birth: Woliso Passport Number: EG1383879 Gender: FEM

Address: - Region: Oromia City: Shoa Sub City: Woliso Woreda: Korke Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name Muhdi Awol Telephone: 09 4312 42 46

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277321

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>Muhdi Awol</u>	<u>Brother</u>	<u>100%</u>	<u>0943 1242 46</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: Fetiya Signature: [Signature] Date: 05/03/25