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Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Alemtsehay Father's Name: Abera G. Father's Name: Molla

Date of Birth: 11-Jan-90 Place of Birth: Arbaminch Passport Number: EP9247406 Gender: FEMALE

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

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

Contact Person in case of Emergency: Name Tesfaye Daniel Telephone: 0923807542

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>Aktilua chaka</u> | <u>Mother</u> | <u>50%</u> | <u>0935219677</u> |
| ii. | <u>Mebret Abera</u> | <u>Sister</u> | <u>50%</u> | <u>0916341292</u> |
| iii. | _____ | _____ | _____ | _____ |
| iv. | _____ | _____ | _____ | _____ |
| v. | _____ | _____ | _____ | _____ |
| vi. | _____ | _____ | _____ | _____ |
| vii. | _____ | _____ | _____ | _____ |
| | | | Total | 100% |

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

Name of Life Assured: Alemtsehay Abera Signature: [Signature] Date: 15-Feb-20