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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: Zufan Father's Name: Gulilat G. Father's Name: Seralign

Date of Birth: 25-Oct-95 Place of Birth: Bekera Passport Number: EP 2670582 Gender: FEMALE

Address: - Region: A.A City: Nefas Silk Sub City: Lafto Woreda: 09 Kebele: H. No.:

Occupation: Housemaid Marital Status: Married Labor ID Number:

Contact Person in case of Emergency: Name Negashu Abera Telephone: 0912268290

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>Negashu Abera</u>	<u>Relative</u>	<u>100%</u>	<u>0912268290</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: 16-Jan-25