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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 @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: Workitu Father's Name: Girma G. Father's Name: Demise

Date of Birth: 23-Jan-96 Place of Birth: Kiltu baia Passport Number: EP6433286 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: Elshoa Woreda: Iume Kebele: _____ H. No.: _____

Occupation: House-maid Marital Status: Single Labor ID Number: EF11 263929

Contact Person in case of Emergency: Name Habtamu Girma Telephone: 0920049050

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>Habtamu Girma</u> | <u>Brother</u> | <u>100%</u> | <u>0920049050</u> |
| ii. | _____ | _____ | _____ | _____ |
| iii. | _____ | _____ | _____ | _____ |
| iv. | _____ | _____ | _____ | _____ |
| v. | _____ | _____ | _____ | _____ |
| vi. | _____ | _____ | _____ | _____ |
| vii. | _____ | _____ | _____ | _____ |
| | | | Total | 100% |

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

Name of Life Assured: Workitu Signature: [Signature] Date: 1/7/20