



ኒያላ ኢንሹራንስ አ.ማ
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: Geno Father's Name: Umar G. Father's Name: Hussen

Date of Birth: 10-Jan-88 Place of Birth: Arsi Passport Number: EP 8914223 Gender: FEMALE

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: robe Kebele: H. No.:

Occupation: House- maid Marital Status: M Labor ID Number: FF10096885

Contact Person in case of Emergency: Name Nuru Amin Telephone: 0927214334

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>Nuru Amin</u>	<u>Husband</u>	<u>100%</u>	<u>0927 214334</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: Geno Signature: Geno Date: 12/6/20