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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Lelana 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: Gedise Father's Name: Lema G. Father's Name: Chela

Date of Birth: 12 Jan 90 Place of Birth: Ejere Passport Number: EP87556195 Gender: FEMALE

Address - Region: Oromia City: Shoa Sub City: Shoa Woreda: Koleta Kebele: KuyH H. No.:

Occupation: House maid Marital Status: married Labor ID Number: EF1099192

Contact Person in case of Emergency: Name Chala Wegesa Telephone: 0943 809479

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>Chala Wegesa</u>	<u>Husband</u>	<u>100%</u>	<u>0943 809479</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: Gedise Signature: Gedise Date: 07/05/25