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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: Bizunayehu Father's Name: Mano G. Father's Name: Haile

Date of Birth: 11-Nov-89 Place of Birth: Tegulet Passport Number: EP8360710 Gender: Female

Address: - Region: Amhara City: Tegulet Sub City: Tegulet Woreda: 01 Kebele: 02 H. No.: _____

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

Contact Person in case of Emergency: Name Mulgeta Agachew Telephone: 0963707134

2. Particulars of The Travel

Agency Name: Ades Agency Agency Contact Name: Neuman Telephone: 0912805194

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>Mulgeta Agachew</u>	<u>Brother</u>	<u>100%</u>	<u>HA/HA</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Bizunayehu Mano Signature: Bm Date: 6-8-2024