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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)	C 1 A	G Father's N	ame: Bosel
(As printed in the passport) Name: Nech: Fath	ner's Name:	d, Tumor 5	A A G I FEMALL
Date of Birth: 14 Oct-87 Place of Bir	th: klonj Passpo	ort Number: <u>CP9196</u>	Gender: TENNE
- City	Sub City: 6/5h Pur	Woreda: Kebele	: H. No
Occupation: House maid Ma	rital Status: Manie	Labor ID Num	Del
Contact Person in case of Emergency: Name	- Married	Telephone: 6905	870489
2. Particulars of The Travel			
Agency Name: B M G Foreign Employment Ag	ency Agency Contact Nam	e: GETAHUN Te	lephone: 0911277320
Destination Country:UAE		Date:	<u> </u>
3. Beneficiary Information			
I hereby assignee the policy benefits to the	flowing beneficiaries. Police	ey benefit payments are su	ibject required claim
documents, court order and liquidation repo	ort attested by the court.		
Full Name	Relationship	Percentage Share	Address/Telephone
i. Lema Tyji	Husband	100%	0905870489
ii			
iii.			
iv			
V			
vi			-
vii.		Total	100%
Please attached copy of Passport and Kebe	ele ID to this form.		
Name of Life Assured: Aya OH	Signature:	Ayah Date	e: 16-Jan-25