



ኒሃላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-6267
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: Haregewoin Father's Name: Mesheha G. Father's Name: Achamyele

Date of Birth: 08 May 76 Place of Birth: Addis Ababa Passport Number: _____ Gender: FEMALE

Address: - Region: Addis Ababa City: _____ Sub City: Lemkura Woreda: 9 Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: married Labor ID Number: EF 10921871

Contact Person in case of Emergency: Name Rahel Tadesse Telephone: 09 43 88 77 78

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>Eyob mesheha</u>	<u>Son</u>	<u>100%</u>	<u>09 55104092</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Haregewoin Signature: [Signature] Date: 20/02/25