

1. Particulars of the Life Assured:



ኒያላ ኢንሹራንስ አ-ማ Nyala Insurance S.(

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 Fori

Title: Mr./Ms./Mrs. (As printed in the passport) Name: Havegovo Father's Name: Meshesha G. Father's Name: Actionsystem Date of Birth: 28 May 36 Place of Birth: Add's About Passport Number: Gender. F Address: - Region: Add's City: Sub City: Lentwork Woreda: 9 Kebele: H. No.: Occupation: House would Marital Status: Marital Status: Moreda: 9 Kebele: H. No.: Contact Person in case of Emergency: Name Raket Todesse Telephone: 09 493 88 377 8 2. Particulars of The Travel Agency Name: BMG Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 09112773 Destination Country: Departure (Effective) Date: 3. Beneficiary Information I hereby assignce 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. Eyob Meshesha Son 1004/0 CH 55 1040 92 ii. iii. v. v. vi. vi. vi. vi. vi. vi. v				
Name: Haregowa Father's Name: Mesuesha G. Father's Name: Achany Date of Birth: 18 May 19 Place of Birth: Add's Abab Passport Number: Gender. F Address: - Region: Add's City: Sub City: Lericular Woreda: 9 Kebele: H. No.: Occupation: House ward Marital Status: Marital Status: Labor ID Number: 14 104718 Contact Person in case of Emergency: Name Rabel Tadesse Telephone: 09 443 88 7773 2. Particulars of The Travel Agency Name: 8 M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 09112773 Destination Country: 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. Fyod mesuesha Son 1004/2 04 55 1040 92 ii. iii. iii. iv V. vi Vi Vi Total 100% Please attached copy of Passport and Kebele ID to this form.	Title: Mr./Ms./Mrs.	¥ 4	€4	
Date of Birth: 28 May 76 Place of Birth: Add's Abab Passport Number: Gender. F Address: - Region: Add's Active: Sub City: Lene Roll Woreda: 9 Kebele: H. No.: Occupation: House mad Marital Status: Marital Status: Labor ID Number: 16 10 97 18 Contact Person in case of Emergency: Name Roll Taclesse Telephone: 09 43 88 3 7 7 8 2. Particulars of The Travel Agency Name: 8 MG Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 09112773 Destination Country: 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. Eyob Meshesha Son 100 97 ii. iii. iii. v. v. vi. vii. Total 100% Please attached copy of Passport and Kebele ID to this form.	(As printed in the passport)			
Date of Birth: 28 May 76 Place of Birth: Add's Abab Passport Number: Gender. F Address: - Region: Add's Active: Sub City: Lene Roll Woreda: 9 Kebele: H. No.: Occupation: House mad Marital Status: Marital Status: Labor ID Number: 16 10 97 18 Contact Person in case of Emergency: Name Roll Taclesse Telephone: 09 43 88 3 7 7 8 2. Particulars of The Travel Agency Name: 8 MG Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 09112773 Destination Country: 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. Eyob Meshesha Son 100 97 ii. iii. iii. v. v. vi. vii. Total 100% Please attached copy of Passport and Kebele ID to this form.	Name: Haregewoon	Father's Name:	SheSha G. Father	's Name: Achany
Address: - Region: Address City: Sub City: Lewever Woreda: 9 Kebele: H. No.: Occupation: House read Marital Status: Marital Status: Labor ID Number: Fr 10918 Contact Person in case of Emergency: Name Rakel Tackesse Telephone: 09 43 88 77 78 2. Particulars of The Travel Agency Name: BM G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 09112773 Destination Country: 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. Fyod meshesha Son 10040 Of 55 10 40 92 ii. iii. iii. v. v. vi. vii. Total 100% Please attached copy of Passport and Kebele ID to this form.	Date of Birth: 08 Way 126 Place	Spinsh 1115 Mar 109		
Contact Person in case of Emergency: Name Rahel Toolesse Telephone: Q 443 88 7778 2. Particulars of The Travel Agency Name: BMG Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 09112773 Destination Country: 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. Eyob mesheshare Son (1004/2) CH 55304092 ii. iii. iii. v. v. vi. vii. Total 100% Please attached copy of Passport and Kebele ID to this form.	Address: - Region: Address City:	Sub City: Lene K	Woreda: 9 Kel	bele:H. No.:
Contact Person in case of Emergency: Name Rahel Toolesse Telephone: 09 43 88 7778 2. Particulars of The Travel Agency Name: BMG Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 09112773 Destination Country: 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. Eyob meshesha Son 1000/0 CH 55 10 40 92 ii. iii. iv. v. vi. vi. vii. Total 100%	Occupation: House maid	Marital Status:wcell	Labor ID N	umber: <u>EF 10 97 18</u> =
Agency Name: BMG Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 09112773 Destination Country: 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. Eyob Meshesha Son 1004/0 0455104092 iii. iii. iv. v. vi. Total 100% Please attached copy of Passport and Kebele ID to this form.				
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Total 100% Please attached copy of Passport and Kebele ID to this form.	V		17	
Total 100% Please attached copy of Passport and Kebele ID to this form.	vi			
Please attached copy of Passport and Kebele ID to this form.	Vii.			
			Total	100%
	lease attached copy of Passport and Kebe	ele ID to this form		
Name of Life Assured: Hawseworn Signature: 4 Date: 20/02/25	*			