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Nyala Insurance S.C
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P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Minret Father's Name: meiore G. Father's Name: Heisabo
Date of Birth: 12 SEP 95 Place of Birth: Kerkicho Passport Number: EP7698673 Gender: FEMALE
Address: - Region: central City: Kembata Sub City: _____ Woreda: Kerkicho Kebele: _____ H. No.: _____
Occupation: House maid Marital Status: single Labor ID Number: _____
Contact Person in case of Emergency: Name tereferiore Telephone: 09140218266

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>meiore Heisabo</u>	<u>father</u>	<u>50%</u>	<u>Kembata</u>
ii.	<u>Ashore Asaro</u>	<u>Mother</u>	<u>50%</u>	<u>Kembata</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
		Total	100%	

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

Name of Life Assured: minret meiore

Signature: [Signature]

Date: 06/08/24