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Nyala Insurance S.C

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Protection House, Miky Leisano Street
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: Burte Father's Name: Asefa G. Father's Name: Turka

Date of Birth: 15 sep 97 Place of Birth: kerfe Passport Number: EP6495927 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: w/shoa Woreda: Ada Kebele: kerfe H. No.: _____

Occupation: House maid Marital Status: single Labor ID Number: _____

Contact Person in case of Emergency: Name Dani shetaye Telephone: 0952360153

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>Abi megersa</u>	<u>Husband</u>	<u>100%</u>	<u>0912148535</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Burte Signature: [Signature] Date: 06/05/25