



## ኒያላ ኢንሹራንስ አ-ማ Nyala Insurance S.C

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)			
Name: Haw! Father	er's Name: Shur	G. Father's	Name: Teage
Date of Birth: 11 May 88 Place of Birth	n: Ars.º Pass	port Number: £0422	17344 Gender: FEMALE
Address: - Region: _Oromia City:	Sub City:	Woreda: Kebe	le:H. No.:
Occupation: House maid Mari			
Contact Person in case of Emergency: Name	Abraham Shur	Telephone: 092	4072624
2. Particulars of The Travel			
Agency Name: B M G Foreign Employment Agen	ncy Agency Contact Nam	ne: <b>GETAHUN</b> T	elephone: <b>0911277320</b>
Destination Country: Departure (Effective) Date:			
3. Beneficiary Information			
I hereby assignee the policy benefits to the flo documents, court order and liquidation report		cy benefit payments are so	ubject required claim
Full Name	Relationship	Percentage Share	Address/Telephone
i. Abraham Shume	Brother	100%	0924072624
ii			
iii			
iv.			
V.			4
vi.			
vii.			
		Total	100%
Please attached copy of Passport and Kebele II	D to this form.		
Name of Life Assured: Hawi	Signature:	Date:	30/01/25