



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: Marta Father's Name: Juki G. Father's Name: Meika

Date of Birth: 30-Nov-92 Place of Birth: Shoa Passport Number: EP8515053 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: bishoftu Woreda: biftu Kebele: _____ H. No.: _____

Occupation: House-maid Marital Status: M Labor ID Number: EP11181732

Contact Person in case of Emergency: Name Megersa Ayele Telephone: 0910279372

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>Terfe gitsadik</u>	<u>Husband</u>	<u>100%</u>	<u>0939055050</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Marta Signature: [Signature] Date: 30/6/25