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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: Amarech Father's Name: Dejene G. Father's Name: Teressa

Date of Birth: 11 Sep 94 Place of Birth: Worchi Passport Number: EP7661938 Gender: FEMALE

Address: - Region: Oromia City: Finfine Sub City: Finfine Woreda: Suluta Kebele: Aientena H. No.:

Occupation: House maid Marital Status: Married Labor ID Number: EFV2014055

Contact Person in case of Emergency: Name Abdi terefa Telephone: 0913863065

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>Abdi terefe</u>	<u>Husband</u>	<u>100%</u>	<u>0913863065</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%

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

Name of Life Assured: Amarech Signature: ✱ Date: 27/02/25