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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: Belagnesh Father	r's Name: Jesema	G. Father's	Name: tasimo
Date of Birth: 9 - Jan - 88 Place of Birth			
Address: - Region: Oromia City: Arss	_ Sub City: Arsi	Woreda: Arsi Gunch	le: boya H. No.: <u>New</u>
Occupation: Housemaid Marit	al Status: Mamed	Labor ID Nur	mber: <u>EF11110855</u>
Contact Person in case of Emergency: Name	Hem Tesema	Telephone: 094	258718
2. Particulars of The Travel			
Agency Name: Aden Agency Agency Contact Name: Name: Doway Telephone: 09/280519			
Destination Country: Departure (Effective) Date:			
3. Beneficiary Information			
I hereby assignee the policy benefits to the flow	ving beneficiaries. Policy	benefit payments are si	abject required claim
documents, court order and liquidation report attested by the court.			
Full Name	Relationship	Percentage Share	Address/Telephone
i. Alem Jesema	Sister	100-1-	094858718
ii.	-	* HEE NO	
iv.	0176 On -	18 /000	
v in the constant		72388 172588	324
vi	621	Transfer State	5 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	own to	Total	100%
Please attached copy of Passport and Kebele II	to this form.	4	
Name of Life Assured: Belainesh Je	Seno Signature:	Date:	8-May-25