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Nyala Insurance
Tel: 251-116-626667, Fax: 251-116-
Protection House, Miky Leland Stre
P.O. Box: 12753, Addis Ababa, Eth
e-mail: nisco @nyalainsurancesc.c

Foreign Employment Term Assurance (FETAP) Proposal Fo

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Bertukan

Father's Name: Sewore

G. Father's Name: Anore

Date of Birth: 13 NOV 94

Place of Birth: Hossana

Passport Number: EB1487272 Gender: FEM

Address: - Region: SOUTH

City: Haridya

Sub City: _____

Woreda: Hosana

Kebele: _____

H. No.: _____

Occupation: House maid

Marital Status: single

Labor ID Number: _____

Contact Person in case of Emergency: Name Gizachew sewore Telephone: 0941019472

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN

Telephone: 091127732

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>Gizachew sewore</u>	<u>Brother</u>	<u>100%</u>	<u>0941019472</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
Total			100%	

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

Name of Life Assured: Bertukan

Signature: [Signature]

Date: 10/03/25