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Nyala Insurance S.C.

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P.O. Box: 12756, Addis Ababa, Ethiopia
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BAYUSHAWIT ZELEKE
090036730

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Emebet Father's Name: Tadese G. Father's Name: Balcha

Date of Birth: 11-Sep-92 Place of Birth: Wogera Shewa Passport Number: EP8595759 Gender: FEM

Address: - Region: Oromia City: _____ Sub City: Shoa Woreda: Wachale Kebele: Bosoge Jite H. No.: _____

Occupation: Housemaid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Girane Achugna Telephone: 0919155256

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277321

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>Tadese Balcha</u> | <u>Father</u> | <u>100%</u> | <u>0913142279</u> <u>0991411457</u> |
| ii. | _____ | _____ | _____ | _____ |
| iii. | _____ | _____ | _____ | _____ |
| iv. | _____ | _____ | _____ | _____ |
| v. | _____ | _____ | _____ | _____ |
| vi. | _____ | _____ | _____ | _____ |
| vii. | _____ | _____ | _____ | _____ |
| | | | Total | 100% |

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

Name of Life Assured: Emebet Tadese Signature: [Signature] Date: 04-Mar-25