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Nyala Insurance S.C

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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: zebider Father's Name: Shegenaw G. Father's Name: Koro

Date of Birth: 21 MAR 87 Place of Birth: Adama Passport Number: EP6958707 Gender: FEMALE

Address: - Region: Oromia City: Adama Sub City: Adama Woreda: Dexa Adi Kebele: H. No.:

Occupation: House maid Marital Status: single Labor ID Number:

Contact Person in case of Emergency: Name Rahel Shegena Telephone: 0927961009

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>weyn'snet Debay</u>	<u>mother</u>	<u>100%</u>	<u>Adama</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: Hanan Tikanun Signature: [Signature] Date: 16/01/25