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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: Tigist Father's Name: Aschalew G. Father's Name: Zegeye

Date of Birth: 22 JUL 00 Place of Birth: Goba Passport Number: EP9165416 Gender: F

Address: - Region: Oromia City: _____ Sub City: Robe Woreda: Goba Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name Betelehem mengistu Telephone: 09 0406 25 78

2. Particulars of The Travel

Agency Name: BMG Agency Agency Contact Name: Betelehem Telephone: _____

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>Betelehem mengistu</u>	<u>COUSIN</u>	<u>100%</u>	<u>0904062578</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Tigist Signature: [Signature] Date: 29/05/25