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Nyala Insurance S.C

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Protection House, Miky Leano Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Netsanet Father's Name: Baicha G. Father's Name: Ketema

Date of Birth: 11 Sep 88 Place of Birth: Debre Zeit Passport Number: FE1970063 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: Bishoftu Woreda: Dibayu Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name Meseret Baicha Telephone: 0978594421

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>Abebech Teila</u>	<u>Mother</u>	<u>100%</u>	<u>0912834627</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Netsanet Signature: [Signature] Date: 21/05/25