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Nyala Insurance S.

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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: Desi Father's Name: wendmu G. Father's Name: Geresu

Date of Birth: 11 SEP 96 Place of Birth: Sodo liben Passport Number: EP81119575 Gender: FEMALE

Address: - Region: Oromia City: Siwa/Shea Sub City: YULU bolo Woreda: YULU batu Kebele: H. No.:

Occupation: house maid Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Gietu chengere Telephone: 0926693427

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

Destination Country: UAE/GATAR 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>Gietu chengere</u>	<u>Husband</u>	<u>100%</u>	<u>0926693427</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: Desi Signature: [Signature] Date: 31/03/25