

## ኒያላ ኢንሹራንስ አ-ማ Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706 Protection House, Miky Leiand 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: Blen	Father's Name: Hanse	G. Father	s Name: <u>Seadence</u>
Date of Birth: 20 Sep 87 Plac	e of Birth: Pass	port Number: EP88	73225 Gender: FEMALE
Address: - Region: City	: Sub City:	Woreda: Keb	ele:H. No.:
Occupation: House maid	Marital Status: Pivoro	Labor ID Nu	mber:
Contact Person in case of Emergency	: Name Mulaty Hanje	Telephone: 091	2333852
2. Particulars of The Travel		*	
Agency Name: B M G Foreign Employn	nent Agency Agency Contact Nam	ne: <b>GETAHUN</b>	Telephone: 0911277320
Destination Country: UAE	Departure (Effective)	Date:	
3. Beneficiary Information			
I hereby assignee the policy benefits t	to the flowing beneficiaries. Police	cy benefit payments are s	subject required claim
documents, court order and liquidatio			
Full Name	Relationship	Percentage Share	Address/Telephone
i. <u>Mulatu Hanjelo</u> ii.	Brotner	100%	0912333852
iii.			
iv. v.		-	
vi.			
vii.			
		Total	100%
Please attached copy of Passport and I	Kebele ID to this form.		
Name of Life Assured:B\\ e	Signature:	Date	15/05/25