



ኒያላ ኢንሹራንስ አ-ማ Nyala Insurance S.C

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Foreign Employment Term Assurance (FETAP) Proposal Form

Title: Mr./Ms./Mrs. (As printed in the passport) Name: Becolo Father's Name: Oushere G. Father's Name: Tiboa Date of Birth: 200ct 31 Place of Birth: Arsī Passport Number: EP1258367 Gender: FEN Address: - Region: Oromo City: Asi Sub City: Asa Woreda: Aeckebele: H. No.: Occupation: House Maria Status: Marial Status: M	1. Particulars of the Life Assured:			
Name: Barcio Father's Name: Oushorte G. Father's Name: Tiba Date of Birth: 200ct 31 Place of Birth: Arsi Passport Number: EP4253367 Gender: FEM Address: - Region: Oromac City: Arsi Sub City: Aseta Woreda: Arsi Kebele: H. No.: Occupation: House Maid Marital Status: Ma	Title: Mr./Ms./Mrs.			
Date of Birth: 200ct 31 Place of Birth: Arsi Passport Number: EP425836.7 Gender: FEN Address: - Region: Oromia City: Asi Sub City: Ase Woreda: Metablin General Rebele: H. No.: Occupation: HOUSE Maid Marital Status: Marit	(As printed in the passport)			
Date of Birth: 20 Cct 31 Place of Birth: Arsi Passport Number: EP 125836.7 Gender: FEN Address: - Region: Oromia City: Arsi Sub City: Ase Woreda: Methods: H. No.: Occupation: HOUSE Maid Marital Status: Ma	Name: <u>Bereie</u>	Father's Name: OUSI	nete G. Father	's Name:Tba
Occupation: HOUSE Maid Marital Status: Marital				
Contact Person in case of Emergency: Name Grand Rashim Green Telephone: Q9 2229 39 99 2. Particulars of The Travel Agency Name: BMG 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. Ashim Gare Husband 100% v. v. v. vi. Total 100%	Address: - Region: Oromia City:	Arsi Sub City: Aseia	Woreda: Ase Keb	pele: H. No.:
2. Particulars of The Travel Agency Name: BMG Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320 Destination Country: UAE Departure (Effective) Date: 3. Beneficiary Information If 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. Askin Gere Husband 100% 09 22 29 89 99 ii. iii. v. v. vi. vi. Total 100%	Occupation: House maid	Marital Status: marri	ed Labor ID No	ımber:
Agency Name: BMG 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. Ashim Gare Husband 100% 69 22298999 ii. iii. iv. v. vi. vi. Total 100%	Contact Person in case of Emergency:	Name Garado Aashim	Gere Telephone: 09 2	229 8999
Destination Country: Departure (Effective) Date:	2. Particulars of The Travel			
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Full Name Relationship Percentage Share Address/Telephone i. Ashim Gere HUSband 100% v. v. vi. vii. Total Total Address/Telephone 100%	I hereby assignee the policy benefits to documents, court order and liquidation	the flowing beneficiaries. Poli	cy benefit payments are	subject required claim
ii. iii. iv. v. V. Vi. vii. Total 100%			Percentage Share	Address/Telephone
iii. iv. v. v. Total 100%		Husband	100%	09 22 29 89 99
iv. v. v. vi. Total 100%				
V				
vi		16		,
Total 100%	371			
Total 100%				
lease attached copy of Passport and Kebele ID to this form			Total	100%
	lease attached copy of Passport and K	ebele ID to this form		
	Name of Life Assured: Bekel	Signature:	Date:	18/03/25