



ኒላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C

Tel. 251-116-626667, Fax 251-116-626786
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: Zemzem Father's Name: Usman G. Father's Name: Gudeta

Date of Birth: 11-Sep-93 Place of Birth: Arsi Passport Number: EP7948092 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: Arsi Woreda: Harso Kebele: Eligew H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EFMXK22230

Contact Person in case of Emergency: Name Anmed Usman Telephone: 0972648086

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>Anmed Usman</u>	<u>Brother</u>	<u>100%</u>	<u>Oromia</u>
ii.	_____	_____	_____	<u>Arsi</u>
iii.	_____	_____	_____	<u>Harso</u>
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Zemzem Usman Signature: [Signature] Date: 21-Jan-25