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Nyala Insurance S.C

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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: Tayeche Father's Name: Balcha G. Father's Name: Biru

Date of Birth: 28 Feb 92 Place of Birth: Bate garmama Passport Number: EP9301236 Gender: FEMALE

Address: - Region: oromia City: E/shoa Sub City: Adama Woreda: 01 Kebele: 01 H. No.:

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

Contact Person in case of Emergency: Name Shewaye boru Telephone: 0932344968

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>Shewaye boru</u>	<u>mother</u>	<u>100%</u>	<u>0932344968</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: Tayeche balcha Signature: Tayeche Date: 03/02/25