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Nyala Insurance S.C

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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: Ftuh Father's Name: Aliyu G. Father's Name: Oumer

Date of Birth: 16 JUL 81 Place of Birth: Butajira Passport Number: EP9243538 Gender: FEMALE

Address: - Region: AYA City: _____ Sub City: ledeta Woreda: 10 Kebele: _____ H. No.: _____

Occupation: Housemaid Marital Status: married Labor ID Number: EF10391495

Contact Person in case of Emergency: Name Tadesse girma Telephone: 0919718378

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>Tadesse girma</u>	<u>Relative</u>	<u>100%</u>	<u>0919718378</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Ftuh Signature: [Signature] Date: 17/02/25