



ኒያላ ኢንሹራንስ አ.ማ

Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miki 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: Timira Father's Name: Adem G. Father's Name: Gelaw

Date of Birth: 18-may-84 Place of Birth: Arssi Passport Number: EP9772280 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: Arssi Woreda: Gesu Kebele: _____ H. No.: _____

Occupation: House mata Marital Status: married Labor ID Number: EP10615533

Contact Person in case of Emergency: Name Mohammed Telephone: 0920933322
Adem

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>Mohammed Adem</u>	<u>Brother</u>	<u>100%</u>	<u>Oromia</u>
ii.	_____	_____	_____	<u>Arssi</u>
iii.	_____	_____	_____	<u>Gesu</u>
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Timira Adem Signature: [Signature] Date: 22-Jan-25