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**Nyala Insurance S.C**

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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: Hawa Father's Name: Tusu G. Father's Name: Dechu

Date of Birth: 11-Sep-87 Place of Birth: Tiyu Passport Number: EP8901923 Gender: FEMALE

Address: - Region: Oromia City:  Sub City: Arsi Woreda: Tiyu Kebele: Uda Dewota H. No.:

Occupation: Housemaid Marital Status: Married Labor ID Number:

Contact Person in case of Emergency: Name Nemu Ombo Gire Telephone: 0919293885

### 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>Seid Ijibo</u>	<u>Husband</u>	<u>100%</u>	<u>0919 293885</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>
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Hawa Tusu Signature: Hawa Date: 24 Jan-25