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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: <u>Meseret</u> Father	r's Name: Divit	G. Father's	Name: Damesa
Date of Birth: 11 sep 36 Place of Birth:	Ars: Pass	port Number: EP902	02-47 Gender: F
Address: - Region: Ovomica City:	Sub City: AYS ?	Woreda: Bibi Kebe	ele: Dava bursa H. No.:
Occupation: House maid Marita			
Contact Person in case of Emergency: Name_	Diriba dame	Sc Telephone: 0930	9129091
2. Particulars of The Travel			
Agency Name: BMG Agency	Agency Contact Nan	ne: <u>Getchun</u> T	elephone:
Destination Country:	Departure (Effective)	Date:	
3. Beneficiary Information			
I hereby assignee the policy benefits to the flow	ving beneficiaries. Policy	ev benefit payments are s	ubject required claim
documents, court order and liquidation report at		j. 2	,
Full Name	Relationship	Percentage Share	Address/Telephone
i. Danel diriba	Brotner	100%	0928840297
ii			
iii. — A Quanta	A Transfer of the second		
iv.			
V			
vi.	7		
vii.	-		
		Total	100%
Please attached copy of Passport and Kebele ID	to this form.		
Name of Life Assured: Meseret	Signature:	Date:	11/04/25