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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leiana 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: Hana Father's Name: Abebe G. Father's Name: Waketa

Date of Birth: 09 May 93 Place of Birth: Addis Ababa Passport Number: EP8642831 Gender: FEMALE

Address: - Region: A/A City: _____ Sub City: Gulele Woreda: 06 Kebele: _____ H. No.: 1003

Occupation: house maid Marital Status: married Labor ID Number: EF10151544

Contact Person in case of Emergency: Name Engdawork bogale Telephone: 0937603258

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>Engdawork bogale</u>	<u>Mother</u>	<u>100%</u>	<u>0937603258</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Hana Signature: Hana Date: 14/05/25