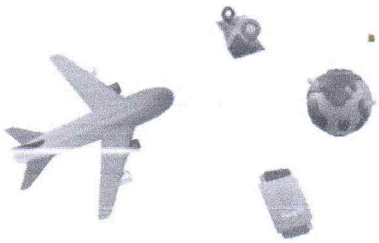

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Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Tigist Father's Name: Tadesse G. Father's Name: Demise

Date of Birth: _____ Place of Birth: _____ Passport Number: _____ Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: W/Shoa Woreda: Ejere Kebele: Burka H. No.: _____

Occupation: House maid Marital Status: married Labor ID Number: EF

Contact Person in case of Emergency: Name Ashenafi dejene Telephone: 0967294087

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.	Askale gofa	Mother	100%	0926195200
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Tigist **Signature:** _____ **Date:** 07/05/25