ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S
Tel: 251-116-626667 Fax: 251-116...
Protection House, Mky Leland Stre...
P.O. Box: 12753, Addis Ababa, Ethi...
e-mail: nisco @nyalainsurance.co...

Foreign Employment Term Assurance (FETAP) Proposal Fo

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Kibu Father's Name: Girma G. Father's Name: Bekele

Date of Birth: 12 Oct 89 Place of Birth: Holeta Passport Number: EQ1375596 Gender: FEM

Address: - Region: oromia City: ________ Sub City: Holeta Woreda: Gelgel Kebele: ______ H. No.: ______

Occupation: House maid Marital Status: marrie Labor ID Number: ____________

Contact Person in case of Emergency: Name feysa dadi Telephone: 0939836387

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.	feysa dadi	Husband	100%	0939836387
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: kibu **Signature:** Kmi8 **Date:** 30/04/25