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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: Dense Father's Name: Dechasa G. Father's Name: Bedada

Date of Birth: 20 Apr 97 Place of Birth: Karfe Passport Number: EP6487444 Gender: FEMALE

Address: - Region: Oromia City: E/shoa Sub City: \_\_\_\_\_ Woreda: Adaa Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Tefen' Balana Telephone: 07 1424 6359

### 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>Aberu shifera</u>	<u>mother</u>	<u>100%</u>	<u>0923941738</u>
ii.	_____	_____	_____	<u>Adaa</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Dense Signature: [Signature] Date: 03/04/25