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Nyala Insurance S.C
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P.O. Box: 12753, Addis Ababa, Ethiopia
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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: Ashreka Father's Name: Mohamed G. Father's Name: Redi

Date of Birth: 20/04/83 Place of Birth: Tatesa Passport Number: EP8832617 Gender: FEMALE

Address: - Region: Central City: _____ Sub City: Gurage Woreda: Abehege Kebele: _____ H. No.: _____

Occupation: house maid Marital Status: single Labor ID Number: _____

Contact Person in case of Emergency: Name Jilal Hussen Telephone: 0911609474

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>Jilal Hussen</u>	<u>Brother</u>	<u>100%</u>	<u>0911609474</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Ashreka Signature: [Signature] Date: 17/05/25