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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: Yirgalem Father's Name: Derbe G. Father's Name: TU

Date of Birth: 02 Dec 99 Place of Birth: Hetosa Passport Number: EP 7312459 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: Arsi Woreda: Habe bado sa Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name Berelech Tadesse Telephone: 09 6535 4800

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>Berelech Tadesse</u>	<u>mother</u>	<u>100%</u>	<u>09 6535 4800</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Yirgalem Signature: [Signature] Date: 15/05/25