



ኒያላ ኢንሹራንስ አ.ማ

Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626708

Protection House, Miky Leland Street
P.O. Box 12753, Addis Ababa, Ethiopia

e-mail: nisco@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr /Ms /Mrs.

(As printed in the passport)

Name: CHALTU Father's Name: RETA G. Father's Name: ABCEBE

Date of Birth: 11/SEP/88 Place of Birth: KEERSA Passport Number: EQ2245332 Gender: FEMALE

Address: - Region: OROMIA City: _____ Sub City: ARSI Woreda: NEGELE ARSI Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: EF11479113

Contact Person in case of Emergency: Name DAMU LATA Telephone: 0962626889

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>TALENT ROBT</u>	<u>MOTHER</u>	<u>100%</u>	<u>0977543481</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: CHALTU RETA Signature: [Signature] Date: 6/8/25