



ኒያላ ኢንሹራንስ አ.ማ Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-6267 Protection House, Miky Lefand Street P.O. Box: 12753, Addis Ababa, Ethiopia e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Fori

I. Particulars of the Life Assured:			
Title: Mr./Ms./Mrs.			
(As printed in the passport)			
Name: Wode	Father's Name: De	selegn G. Fathe	r's Name: A Se fa
Date of Birth: 20 NOV 95 Place of Address: - Region: Oronica City: E	Birth: Doni Pa	ssport Number: EP6:	741783 Gender FE
Occupation: Housemaid	Marital Status:	Woreda: Ke	bele: H. No.:
Contact Person in case of Emergency: Na	me_Tigist Neguss	e Telephone: 09	245858218
2. Particulars of The Travel			2000040
Agency Name: B M G Foreign Employment	Agency Agency Contact Na	me: GETAHUN	Telephone: 091127732
Destination Country: UAE	Departure (Effective	e) Date:	
3. Beneficiary Information			
hereby assignee the policy benefits to the	flowing beneficiaries B.1	1	
ocuments, court order and liquidation rep	ort attested by the court.	cy benefit payments are	subject required claim
Full Name	Relationship	Percentage Share	Address/Telephone
i. Birhane tenbola	momer	100%	0962405630
ii.			
V	30		
٧.			
i.			
		Total	100%
me of Life Assured:	ID to this form. Signature:	•	