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Nyala Insurance S
Tel: 251-116-626667, Fax: 251-116-4
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurance.co

Foreign Employment Term Assurance (FETAP) Proposal Fo

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Birtukan Father's Name: Yimam G. Father's Name: Muhammed

Date of Birth: 14-Nov-87 Place of Birth: Woreilu Passport Number: EP9297424 Gender: FEM

Address: - Region: Amhara City: _____ Sub City: Weeilu Woreda: _____ Kebele: _____ H. No.: _____

Occupation: Housemaid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Hikma Tesfaye Telephone: 0929182002

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 091127732

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>Yelfign Tesema</u>	<u>Mother</u>	<u>100%</u>	<u>46</u> <u>09928229</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Birtukan Yimam Signature: [Signature] Date: 19-feb-25