

1. Particulars of the Life Assured:



ኒያላ ኢንሹራንስ አ-ማ Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706 Protection House, Miky Leland Street P.O. Box: 12753, Addis Ababa, Ethiopia e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Title: Mr./Ms./Mrs.			
(As printed in the passport)			
Name: GIShU Fath	er's Name:Gobe	G. Father's	Name: Korbesa
Date of Birth: 11 Sep 87 Place of Birth: AVS Passport Number: Ep 8628644 Gender: FEMALE			
Address: - Region: Oromia City: Sub City: Arsi Woreda: Berker Kebele: Burka Kebele: Burka Kebele: Burka Kebele			
Occupation: House maid Marital Status: Single Labor ID Number: EF10909565			
Contact Person in case of Emergency: Name HUSSEN ROBE Telephone: 09 09 853959			
2. Particulars of The Travel			
Agency Name: BMG Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320			
Destination Country: 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. Meko Juneydi	momer	100%	Bexo;
ii.			
iii.			distance at the analysis of the particular section of the section
iv.			
V.			= E ¹ C
Vi.	-		-
4861	-		-
		Total	100%
Please attached copy of Passport and Kebele II	O to this form.		
Name of Life Assured: G(Sh()	Signature:	Data:	26/02/25