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Nyala Insurance S.C

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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: Bayush Father's Name: Dawit G. Father's Name: Zeieke

Date of Birth: 13 May 91 Place of Birth: Bishoftu Passport Number: EP6274933 Gender: FEMALE

Address: - Region: Oromia City: Bishoftu Sub City: Cheleka Woreda: Bishoftu Kebele: 599 H. No.: 599

Occupation: House maid Marital Status: Single Labor ID Number: EF10039730

Contact Person in case of Emergency: Name wegayehu T. 10/02/25 Telephone: 0912228673

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>wegayehu</u> | <u>Brother</u> | <u>100%</u> | <u>0912228673</u> |
| ii. | _____ | _____ | _____ | _____ |
| iii. | _____ | _____ | _____ | _____ |
| iv. | _____ | _____ | _____ | _____ |
| v. | _____ | _____ | _____ | _____ |
| vi. | _____ | _____ | _____ | _____ |
| vii. | _____ | _____ | _____ | _____ |
| | | | Total | 100% |

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

Name of Life Assured: Bayush Signature: [Signature] Date: 10/02/25