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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@nyalainsurancessc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Mebrat Father's Name: Wubshet G. Father's Name: Bayene

Date of Birth: 28-Dec-92 Place of Birth: Borata Passport Number: EP7933102 Gender: FEMALE

Address: - Region: Oromia City: Finfine Sub City: Finfine Woreda: Awabi Kebele: Borata H. No.: Gurji

Occupation: Housemaid Marital Status: Married Labor ID Number:

Contact Person in case of Emergency: Name Dadi Dame Telephone: 0912205030

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>Alenayehu Kebede</u>	<u>Brother</u>	<u>100%</u>	<u>0932199640</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%

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

Name of Life Assured: Mebrat Wubshet Signature: [Signature] Date: 26-Apr-26