ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.

Tel: 251-116-626667, Fax: 251-116-62
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopi
e-mail: nisco@nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal For

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Aster Father's Name: Feyisa G. Father's Name: Balcha

Date of Birth: 07-Jan-93 Place of Birth: Mojo Passport Number: EP8681369 Gender: FEMALE

Address: - Region: Oromia City: Mojo Sub City: Mojo Woreda: ____ Kebele: Abo H. No.: ____

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

Contact Person in case of Emergency: Name Meseret Kefelew Telephone: 0973006319

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.	Addis Kefelew	Husband	100%	0910749242
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Aster Feyisa Signature: ____ Date: 27-Mar-25