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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 @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Tsehay Father's Name: Keftew G. Father's Name: Tola

Date of Birth: 11-Sep-97 Place of Birth: Woke Passport Number: EQ2740381 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: Nisheera Woreda: Jeda Kebele: _____ H. No.: _____

Occupation: House-maid Marital Status: S Labor ID Number: -

Contact Person in case of Emergency: Name Tigist biru Telephone: 0910 21 2019

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>Ayelech feyisa</u>	<u>Mother</u>	<u>100%</u>	<u>0902335530</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Tsehay Signature: [Signature] Date: 10/6/20