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Nyala Insurance S.C
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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Meikame Father's Name: Obse G. Father's Name: Gutema

Date of Birth: 02 DEC 98 Place of Birth: WUNU Passport Number: EA1287613 Gender: F

Address - Region: Oromia City: Adama Woreda: Denbela Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: married Labor ID Number: EF10907067

Contact Person in case of Emergency: Name Biruk Gezu Telephone: 0936 92 05 31

2. Particulars of The Travel

Agency Name: BMG Agency Agency Contact Name: Gretanur Telephone: _____

Destination Country: Qatar/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>Biruk gizu</u>	<u>Husband</u>	<u>100%</u>	<u>09-36 92 05 31</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: Meikame Signature: ME Date: 14/04/25