

1. Particulars of the Life Assured:



## ኒያላ ኢንሹራንስ አ-ማ 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

Title: Mr./Ms./Mrs.			
(As printed in the passport)			
Name: Boyise Fath	her's Name: Ashet	G. Father's	Name: Hordofa
Date of Birth: osoc 99 Place of Birth: Robe Passport Number: EP8713.581 Gender: F			
Address: - Region: City:	Sub City: AFS	Woreda: Pobe Kebe	ele: Meseravi
Occupation: House maid Man	rital Status: _markie	Labor ID Nu	mber: <u>EF10696004</u>
Contact Person in case of Emergency: Name Sisay Tasew Telephone: 09 02 40 7655			
2. Particulars of The Travel			
Agency Name: BMG Agency	Agency Contact Nam	e: <u>Gretcen un</u> T	elephone: 0411277320
Destination Country: 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. Sisay Tasew	Husband	100%	Arsi
ii			
iii.	-	-	
iv.			
v			
vi			
vii.			
		Total	100%
Please attached copy of Passport and Kebele	ID to this form.		
Name of Life Assured: Bay 50	Signature:	Date:	25/01/25