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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. | . i · · · · · · · · · · · · · · · · · · | | ender to the part of the part |
| (As printed in the passport) | | | |
| Name: Burtukan Fat | her's Name: 20 | G. Father | s Name: Rom |
| Date of Birth: 12-Sep - 98 Place of Bir | rth: <u>Aelea</u> F | assport Number: 67656 | 5603 Gender: Fender |
| Address: - Region: Oromia City: Kate | Sub City: | olea Woreda: Adea Keb | ele: cheriela H. No.: New |
| Occupation: House maid Ma | rital Status: Sin | Labor ID No | ımber: |
| Contact Person in case of Emergency: Name | Gemeda Ret | Telephone: 69 | 10218587 |
| 2. Particulars of The Travel | | | |
| Agency Name: Adey Agency Agency Contact Name: Noway Telephone: 091280590 | | | |
| Destination Country: | Departure (Effect | tive) Date: | A STATE OF THE STA |
| 3. Beneficiary Information | | | , 1 |
| 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. Geneda Peta ii. | Brother | (00 -/· | 09/027858 |
| iii. | uj sak tit | n who is promise | J. INC. |
| iv. | J6645 T + 117 | THE STATE OF THE S | WEN FOREIGNI |
| V | | 1/5 | |
| vi. | | 1 | 29 22 22 23 24 25 20 26 26 26 26 26 26 26 26 26 26 26 26 26 |
| vii. | | 18 | \S\ 88 |
| V11. | · · | Total | 100% |
| Please attached copy of Passport and Kebel Name of Life Assured: Burlakous | | re: Dat | e: 09-May-25 |