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Nyala Insurance S
Tel: 251-114-676607 Fax: 251-114-
Protection House, May Land Street
P.O. Box: 12753, Addis Ababa, Ethio
e-mail: also@nyalainsurance.co

Foreign Employment Term Assurance (FETAP) Proposal Fo

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Yeshiwork

Father's Name: Girma

G. Father's Name: Hurrisa

Date of Birth: 20-Jan-00

Place of Birth: Arsi

Passport Number: EQ2051173

Gender: FEM

Address: - Region: Oromia

City: _____

Sub City: Arsi

Woreda: Robe

Kebele: _____

H. No.: _____

Occupation: House-maid

Marital Status: M

Labor ID Number: EF10850376

Contact Person in case of Emergency: Name Adane Fikre

Telephone: 0904547414

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>Adane fikre</u>	<u>Brother</u>	<u>100%</u>	<u>0904547414</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Yeshiwork

Signature: [Signature]

Date: 22/5/25