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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: burtukan Father's Name: girma G. Father's Name: yadate
Date of Birth: 21 Apr 01 Place of Birth: batila Passport Number: Ep6397247 Gender: Female
Address: - Region: Oromiya City: East Harar Sub City: - Woreda: - Kebele: batila H. No.: -
Occupation: housemaid Marital Status: Single Labor ID Number: -
Contact Person in case of Emergency: Name teneni babse Telephone: 0934832109

2. Particulars of The Travel

Agency Name: adey agency Agency Contact Name: Noway Telephone: 0912805194
Destination Country: Bahar 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>teneni babse</u>	<u>mother</u>	<u>100%</u>	<u>Oromiya 0934832109</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Burtukan girma Signature: [Signature] Date: 17-04-24