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Nyala Insurance S.C

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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.

(As printed in the passport)

Name: Asiya Father's Name: Kumbi G. Father's Name: Tegego

Date of Birth: 23 NOV 97 Place of Birth: Arsi Passport Number: EP7621461 Gender: FEMALE

Address: - Region: Oromia City: West Arsi Woreda: Shala Kebele: Senbeto H. No.:

Occupation: House maid Marital Status: Single Labor ID Number: EF62021996

Contact Person in case of Emergency: Name Gutema Kumbi Telephone: 09 84133017

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>Gutema Kumbi</u>	<u>Brother</u>	<u>100%</u>	<u>09 84133017</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: Asiya Signature: [Signature] Date: 26/02/25