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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

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: BUZUNESH Father's Name: TAMRU G. Father's Name: EDESA

Date of Birth: 11 JUL 91 Place of Birth: ARSI Passport Number: EP9162891 Gender: Female

Address: - Region: OROMIA City: ARSI Sub City: MERTI Woreda: GOLBA Kebele: 8 H. No.:

Occupation: Housemade Marital Status: married Labor ID Number: EF11447008

Contact Person in case of Emergency: Name ASNAFU TAMRU Telephone: 0954223329

2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>Hiwot nigus</u>	<u>Child</u>	<u>50%</u>	<u>Adama / 0910394592</u>
ii.	<u>Fikadu nigus</u>	<u>Child</u>	<u>50%</u>	<u>Adama</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: BUZUNESH TAMRU Signature: [Signature] Date: 30-JUL-25