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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: Abaynesh Father's Name: Shegaw G. Father's Name: Birhanu

Date of Birth: 08-Jul-91 Place of Birth: Fiche Passport Number: EP6650237 Gender: FEMALE

Address: - Region: Oromia City: Fiche Sub City: Fiche Woreda: Kebele: H. No.:

Occupation: Housemaid Marital Status: Labor ID Number:

Contact Person in case of Emergency: Name Emebet Delelegn Telephone: 0925523553
0968470644

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>Emebet Delelegn</u>	<u>Sister</u>	<u>100%</u>	<u>0925523553</u> <u>0968470644</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: Abaynesh Shegaw Signature: [Signature] Date: 23-Jan-25