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Nyala Insurance S.C.
Tel: 251-116-626667, Fax: 251-116-62670
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: fatuma Father's Name: Bedaro G. Father's Name: Edelo

Date of Birth: 20-Nov-83 Place of Birth: ARSI Passport Number: EP8203748 Gender: f

Address: - Region: Oromia City: _____ Sub City: Asi Woreda: Hetosa Kebele: _____ H. No.: _____

Occupation: House-maid Marital Status: M Labor ID Number: _____

Contact Person in case of Emergency: Name Gana Aigadir Telephone: 07 22 12 26 74

2. Particulars of The Travel

Agency Name: BMG Agency Agency Contact Name: _____ Telephone: _____

Destination Country: _____ 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>Gana Aigadir</u> | <u>Husband</u> | <u>100%</u> | <u>07 22 12 26 74</u> |
| ii. | _____ | _____ | _____ | _____ |
| iii. | _____ | _____ | _____ | _____ |
| iv. | _____ | _____ | _____ | _____ |
| v. | _____ | _____ | _____ | _____ |
| vi. | _____ | _____ | _____ | _____ |
| vii. | _____ | _____ | _____ | _____ |
| | | | Total | 100% |

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

Name of Life Assured: fatuma Signature: [Signature] Date: 2/6/20