



የኢትዮጵያ ሲሜላ ሲሜላ ሲሜላ
Nyala Insurance S.

Tel: 251-115-625867, Fax: 251-115-625867
Protection House, Miky Laland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Fate Father's Name: Oussen G. Father's Name: Jerso
Date of Birth: 11-Sep-90 Place of Birth: Arsi Passport Number: EP7301318 Gender: FEMALE
Address: - Region: Oromia City: Asda Sub City: Arsi Woreda: Wakiba Kebele: Wakiba H. No.:
Occupation: Housemaid Marital Status: Single Labor ID Number:
Contact Person in case of Emergency: Name Jemal Oussen Telephone: 0921488232

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>Jemal Oussen</u>	<u>Brother</u>	<u>100%</u>	<u>0921488232</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: Fate Oussen Signature: [Signature] Date: 02-Apr-25