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Nyala Insurance S.

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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: Ferhiwet Father's Name: Habtamu G. Father's Name: Tefera

Date of Birth: 14 Mar 92 Place of Birth: Dukem Passport Number: EA1138899 Gender: FEM

Address: - Region: OROMIA City: _____ Sub City: Bishoftu Woreda: tefeta Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: DIVORCED Labor ID Number: EF10654205

Contact Person in case of Emergency: Name Abebech bejiga Telephone: 0913780531

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277321

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>Abebech bejiga</u>	<u>MOTHER</u>	<u>100%</u>	<u>0913780531</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Ferhiwet

Signature: [Signature]

Date: 03/03/25