



ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C

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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: ገጽታ Father's Name: ጽገሙ G. Father's Name: ወህደን

Date of Birth: 11-sep-93 Place of Birth: አባባ Passport Number: EA2858105 Gender: Female

Address: - Region: Amhara City: slulollo Sub City: weza ilu Woreda: weza ilu Kebele: _____ H. No.: _____

Occupation: housemade Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name ጽገሙ ጽገሙ Telephone: 0900007558

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>Fato Endris</u>	<u>mother</u>	<u>100%</u>	<u>weza ilu</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: ገጽታ ጽገሙ Signature: ገጽታ Date: 2-jul-25