



ኒላ አ.ገ.ፈ.ገ.አ.ማ

Nyala Insurance S.C

Tel: 251-116-626687, Fax: 251-116-626706

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: GENET

Father's Name: WERKU

G. Father's Name: GEBRETSADIK

Date of Birth: 12-SEP-87 Place of Birth: ARSI Passport Number: EQ1413014 Gender: FEMALE

Address: - Region: OROMIA City: _____ Sub City: ARSI Woreda: ANA DIGENU TIJO Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF10650035

Contact Person in case of Emergency: Name AKLI SHIFERA Telephone: 09-15-98-89-07

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-47-36

Destination Country: UAE Departure (Effective) Date: 10-06-2025

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>AKLI SHIFERA</u>	<u>BROTHER</u>	<u>100%</u>	<u>09-15-98-89-07</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Genet

Signature: [Signature]

Date: 10-06-2025