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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: Aynalem Father's Name: Bekele G. Father's Name: Kepeno

Date of Birth: 11-Sep-94 Place of Birth: Wasgebeta Passport Number: EP8865710 Gender: Female

Address: - Region: C-Ethio City: Hosana Sub City: Hosana Woreda: Simen Kebele: Lemo H. No.: New

Occupation: House maid Marital Status: Single Labor ID Number: EF10583244

Contact Person in case of Emergency: Name Bereket Bekele Telephone: 0929 33 12 06

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway Telephone: 091280594

Destination Country: Dubai 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>Bekele Kepeno</u>	<u>Father</u>	<u>100%</u>	<u>0917 989955</u>
ii. _____	_____	_____	_____
iii. _____	_____	_____	_____
iv. _____	_____	_____	_____
v. _____	_____	_____	_____
vi. _____	_____	_____	_____
vii. _____	_____	_____	_____
		Total	100%

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

Name of Life Assured: Aynalem Bekele Signature: [Signature] Date: 20-May-25