



ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C

Tel: 251-116-626667, 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: MESERET Father's Name: GULILAT G. Father's Name: LEGESE
Date of Birth: 11-SEP-92 Place of Birth: HURUTA Passport Number: EQ2198113 Gender: FEMALE
Address: - Region: ADAMA City: HURUTA Sub City: _____ Woreda: 03 Kebele: _____ H. No.: _____
Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF065925
Contact Person in case of Emergency: Name ERKYIHUN ABITI Telephone: 09-52-00-20-89

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: _____ Telephone: _____
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>ERKYIHUN ABITI</u> | <u>NEPHEW</u> | _____ | <u>100%</u> |
| II. _____ | _____ | _____ | _____ |
| III. _____ | _____ | _____ | _____ |
| IV. _____ | _____ | _____ | _____ |
| V. _____ | _____ | _____ | _____ |
| VI. _____ | _____ | _____ | _____ |
| VII. _____ | _____ | _____ | _____ |
| | | Total | 100% |

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

Name of Life Assured: Meseret Gulilat Signature: [Signature] Date: 16-05-2025