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Nyala Insurance S.C

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Protection House, Miky Leland Street
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: YESHI Father's Name: GEZU G. Father's Name: LEGESC

Date of Birth: 28 NOV 94 Place of Birth: KOKA Passport Number: EQ1968390 Gender: F

Address: - Region: OROMIA City: NEGEMO Sub City: ARSI Woreda: ROBE Kebele: H. No.:

Occupation: HOUSE MAN Marital Status: MARRIED Labor ID Number:

Contact Person in case of Emergency: Name Telephone: 0920369801

2. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name: Telephone:

Destination Country: UNE 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>GEZU LEGESC</u>	<u>FATHER</u>	<u></u>	<u>100%</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: Yeshi: Gabru Signature: [Signature] Date: 30/05/25