



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: Nadisa Father's Name: Shimelis G. Father's Name: Asefaw

Date of Birth: 19 nov 85 Place of Birth: mojo Passport Number: EP7126853 Gender: Female

Address: - Region: Oromia City: mojo Sub City: _____ Woreda: _____ Kebele: _____ II. No.: _____

Occupation: House made Marital Status: married Labor ID Number: EFSOC35389

Contact Person in case of Emergency: Name Hayat Jibria Telephone: 0919313758

2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Bratar 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>Muna Atalew</u>	<u>child</u>	<u>100%</u>	<u>mojo</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Nadisa Shimelis Signature: [Signature] Date: 25-DEC-24