

1. Particulars of the Life Assured:



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

Title: Mr./Ms./Mrs. (As printed in the passport)			
Name: Ayu Father	's Name:	G. Father's l	Name: USha
Date of Birth: 17-Jun-01 Place of Birth:			
Address: - Region: Oroma City: Ars Sub City: Ars Woreda: Mune Kebele: 19 H. No.:			
Occupation: Howeman Marital Status: Single Labor ID Number: EF10769001			
Contact Person in case of Emergency: Name Genese USha Telephone: 09-21-72-13-46			
2. Particulars of The Travel			
Agency Name: Adey Agency Contact Name: New By Telephone: 091280519			
Destination Country: 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. Nuro Usha	Famer	100 %	Arsi 109.10950028
ii.		* 3.19TV	
iii.	/ // _:	The State of the s	
iv. v.		88.69 Jane	
vi.		E 88 30	4.
vii.		E PINC E	
*		Total	100%
Please attached copy of Passport and Kebele ID to this form.			
Name of Life Assured: Ayu Nuro	Signature:	Date:	26-Jun-25