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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: faluna Fathe	er's Name: Ben	G. Father	s Name: <u>wado</u>
Date of Birth: 29-Jon-88 Place of Birth			
Address: - Region: Ovomia City: Shash	ma Sub City: Avs. 100	Woreda: Awash Keb	ele:H. No.:
Occupation: House would Mari	tal Status: Mayrie	Labor ID N	amber:
Contact Person in case of Emergency: Name	Gremeck Abdelo	Telephone: 0942	1357176
2. Particulars of The Travel			
Agency Name: Adey Agency		U	
Destination Country: UAE	Departure (Effective)	Date:	
3. Beneficiary Information			
I hereby assignee the policy benefits to the flo	wing beneficiaries. Polic	y benefit payments are	subject required claim
documents, court order and liquidation report	attested by the court.		
Full Name	Relationship	Percentage Share	Address/Telephone
i. Resu Beriso	sisker	1000/0	Oronia 0927079990
ii.	EMPLOYME	-	
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v.	20 (05 VB) 3	The state of the s	
vi.	2 1000 A	3	
vii.	10 By 12	5/	
	£344 247 m 37°	Total	100%
Please attached copy of Passport and Kebele I	D to this form.		
Name of Life Assured: Caluma Per	Signature:	FR Dat	e: 20-feb-2025