



ኒላ 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: YEBICHO Father's Name: MATYOS G. Father's Name: KOSO

Date of Birth: 26-DEC-95 Place of Birth: WOLAITA Passport Number: EQ1842347 Gender: FEMALE

Address: - Region: OROMIYA City: _____ Sub City: ARSI Woreda: HURITA Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF10993913

Contact Person in case of Emergency: Name GIZACHEW SAHILE Telephone: 09-10-23-66-53

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-75-69-69-69

Destination Country: UAE Departure (Effective) Date: 24-06-2025

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>GIZACHEW SAHILE</u>	<u>UNCLE</u>	<u>100%</u>	<u>09-10-23-66-53</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Yebichu matiyos Signature: [Signature] Date: 24-06-2025