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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: AKIL Father's Name: Kedir G. Father's Name: DESAY

Date of Birth: 13-SEP-87 Place of Birth: Addis Ababa Passport Number: EP9189282 Gender: Female

Address: - Region: Addis Ababa City: Addis Ketema Sub City: Addis Ketema Woreda: 02 Kebele: H. No.:

Occupation: Housemade Marital Status: divorced Labor ID Number:

Contact Person in case of Emergency: Name Tordanos Kedir Telephone: 0903362567

2. Particulars of The Travel

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

Destination Country: ETHIOPIA 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>Tordanos Kedir</u>	<u>sister</u>	<u>100%</u>	<u>Addis Ababa</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: AKIL Kedir Signature: [Signature] Date: 17-SEP-25