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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: TSION Father's Name: KABTIMER G. Father's Name: DEGERU

Date of Birth: 20-Jan-00 Place of Birth: Debre Birhan Passport Number: EA1950916 Gender: Female

Address: - Region: Central Ethiopia City: Paltan Sub City: EMYEMIMILIK Woreda: 08 Kebele: Selam Choro H. No.: _____

Occupation: House maid Marital Status: Single Labor ID Number: EF10944014

Contact Person in case of Emergency: Name: Bethelhem kabtimer Telephone: 0967528654

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912

Destination Country: JORDAN 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>Bethelhem kabtimer</u>	<u>Sister</u>	<u>100%</u>	<u>A.A/0967528654</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: TSION KABTIMER

Signature: [Signature]

Date: 01-Mar-25