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Nyala Insurance S.C

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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Mako Father's Name: ABE G. Father's Name: Tinde
Date of Birth: 20-Oct-86 Place of Birth: Bale Passport Number: E128497999 Gender: Female
Address: - Region: Oromia City: Bale Sub City: Bale Woreda: --- Kebele: --- H. No.: ---
Occupation: Housemaid Marital Status: Single Labor ID Number: ---
Contact Person in case of Emergency: Name ABE Telephone: 0922317583

2. Particulars of The Travel

Agency Name: Al Kaba Agency Contact Name: Nejwa Telephone: 097230206
Destination Country: Dubai 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>ABE</u>	<u>Father</u>	<u>100%-</u>	<u>0922317583</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Mako Signature: MS Date: 12-Feb-25