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Nyala Insurance S.C

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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: Kebebusn Father's Name: Bereke G. Father's Name: Boxoror

Date of Birth: 10-Oct-79 Place of Birth: Lereba Passport Number: EP9225742 Gender: Female

Address: - Region: central City: Hadisa Sub City: Hosana Woreda: Lichamba Kebele: H. No.:

Occupation: Housemade Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Desta Bereke Telephone: 0912654022

2. Particulars of The Travel

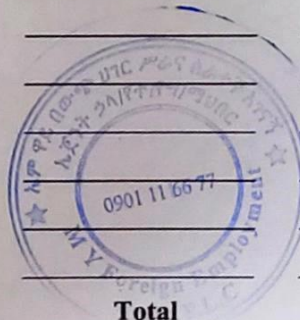
Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Egypt 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>Kalkidan Desta</u>	<u>Child</u>	<u>50%</u>	<u>Hosana</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: Kebebusn Bereke Signature: [Signature] Date: 11-Feb-25