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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: Nudo Father's Name: Lalu G. Father's Name: Shukure

Date of Birth: 17-Jul-88 Place of Birth: Beilegera Passport Number: EP8654476 Gender: female

Address: - Region: Central City: Hadiya Sub City: Hadiya Woreda: Ansam Kebele: Berna H. No.:

Occupation: Housemaid Marital Status: Labor ID Number:

Contact Person in case of Emergency: Name Faduma Kadir Telephone: 0929293151

2. Particulars of The Travel

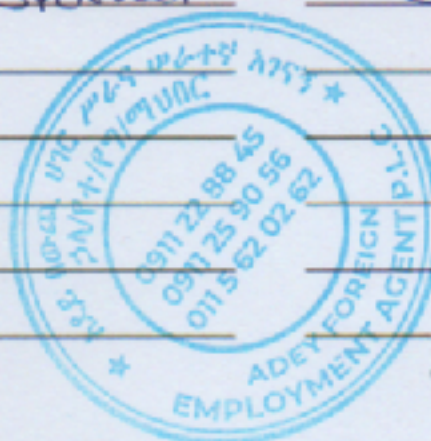
Agency Name: Adey Agency Agency Contact Name: Nenay Telephone: 0912805194

Destination Country: UAE 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>Lalu Shukure</u>	<u>father</u>	<u>50%</u>	<u>Hossana / 0931515290</u>
ii.	<u>Ashebo Lulu</u>	<u>Brother</u>	<u>50%</u>	<u>Hossana / 0988996173</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: Nudo Lulu Signature: [Signature] Date: 16-Dec-2024