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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: Tigist Father's Name: Gradi Sa G. Father's Name: Leisa

Date of Birth: 16-Dec-89 Place of Birth: Girchi Passport Number: EG1179128 Gender: Female

Address: - Region: Oromia City: Ambo Sub City: Ambo Woreda: 8 Kebele: 02 H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10673842

Contact Person in case of Emergency: Name Chala Gemechu Telephone: 0713749182

2. Particulars of The Travel

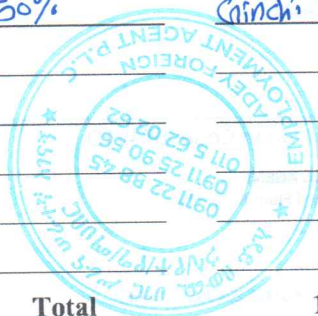
Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809194

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>Durho Bekele</u>	<u>mother</u>	<u>50%</u>	<u>Girchi / 0939875760</u>
ii.	<u>Kasahun Tsegay</u>	<u>Husband</u>	<u>50%</u>	<u>Girchi / 0913515570</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Tigist Gradi Sa Signature: [Signature] Date: 29/4/25