



Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706 Protection House, Miky Leland Street P.O. Box: 12763, Addis Ababa, Ethiopia e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:	The same bank of the		
Title: Mr./Ms./Mrs.	The second second		
(As printed in the passport)			+
Name: MAREMA	Father's Name: ABDI	G. Father's	Name: <u>JEMAL</u>
Date of Birth: 12-Sep-87 Place of			
Address: - Region: South City: S	hoko Sub City:	Woreda: Shoko Kebel	e: BRG H. No.:
Occupation: House maio			
Contact Person in case of Emergency: N	ame Ephram Gebje	Telephone: 09 4	48972.86
2. Particulars of The Travel			
Agency Name: Alkaba	Agency Contact Name	:: Néjua To	elephone: <u>097230201</u> 0
Destination Country: Dubas	Departure (Effective)	Date:	
3. Beneficiary Information			
I hereby assignee the policy benefits to t	he flowing beneficiaries. Policy	y benefit payments are si	ubject required claim
documents, court order and liquidation r	eport attested by the court.	-	
Full Name	Relationship	Percentage Share	Address/Telephone
i Ephrame Gebjo	husband	100%	0944897280
ii.			
iii			
iv.		A SECURITY OF THE SECURITY OF	modificació
v. 3	M2 KB USO HIROCOTOR TO THE STATE OF THE STAT		
vi.	ey both parties with the signature/macron	th of the norman market has	The state of the s
vii.	97 of panu is passion when he was		<u> </u>
		Total	100%
Please attached copy of Passport and Ke	bele ID to this form.		. /
Name of Life Assured: Marem	a Abol, Signature:	nive. Date	30-Dec-24
		The second second	00000