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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: Kebedu Father's Name: Baza G. Father's Name: Hunde

Date of Birth: 6-Feb-90 Place of Birth: Seva Passport Number: EP6830254 Gender: Female

Address: - Region: Oromia City: North-Shoa Sub City: Girajaro Woreda: Torban Abhe Kebele:  H. No.:

Occupation: Housemade Marital Status: married Labor ID Number: EF10086353

Contact Person in case of Emergency: Name Fikru Baza Telephone: 0903193466

### 2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>Tsehay Abebe</u>	<u>mother</u>	<u>100%</u>	<u>Fiche/0990389274</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>
			<b>Total</b>	<b>100%</b>



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

Name of Life Assured: Kebedu Baza Signature: [Signature] Date: 22-may-25