

1. Particulars of the Life Assured:



ኒያላ ኢንሹራንስ አ-ማ 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

Name: Faluma Father's Name: Debell G. Father's Name: Bekure	Title: Mr. Ma. Mar			
Name: Fatum 2 Father's Name: Debele G. Father's Name: Rexure Date of Birth: 11-00V- 90 Place of Birth: Bull bull 2 Passport Number: E9340 89 Gender: Fe Address: - Region: brom 2 City: 2004 Sub City: 840 Woreda: Kebele: II. No.: Occupation: Hawemade Marital Status: married Labor ID Number: EF5T8 58 Contact Person in case of Emergency: Name oumer Abdell 3 Telephone: 09913 4776 1 2. Particulars of The Travel Agency Name: My AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677 Destination Country: Dalay 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. pebele Beyure Fayker Joo's Battl ii. iii. iv. v. vi. vii.	Title: Mr./Ms./Mrs. (As printed in the passport)			
Address: - Region:		ther's Name: Debe	G. Father's	Name. BEKUK
Contact Person in case of Emergency: Name <u>numer Ab della</u> Telephone: <u>o gglg 4736</u> . 2. Particulars of The Travel Agency Name: <u>MY AGENCY</u> Agency Contact Name: <u>Merima ALI</u> Telephone: <u>o 901116677</u> Destination Country: <u>blatay</u> 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>pebelle gerure</u> Farker <u>de 0°</u> Barturii. iii. iii. iv. v. vi.	Date of Birth: 11-nov- 90 Place of Bi	rth: Buli bul a Pass	sport Number: EP7540	Gender: Femal
Contact Person in case of Emergency: Name Oume r Ab della Telephone: 0 2 3 1 3 4 3 7 6 1 2. Particulars of The Travel Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677 Destination Country: Departure (Effective) Date:	Address: - Region: <u>Ovomì 2</u> City: Z	MatSub City: Badu	Woreda:Kebel	e:H. No.:
2. Particulars of The Travel Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677 Destination Country: 91242Y 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. Debele Beyure Fayker 100% Battl iii	Occupation: Hawemade Ma	urital Status: _marrie	Labor ID Nun	nber: EFSTB 5859
Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677 Destination Country: 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. pebele Rekure Father for Battle State ii. iii. iii. iv. v. vi. vi. vii.	Contact Person in case of Emergency: Name	oumer Abdella	Telephone: 09919	347761
Destination Country:	2. Particulars of The Travel			
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. pebele gexure Fasher ii. iii. iv. v. vi.	Agency Name: M Y AGENCY	Agency Contact Na	ne: Merima ALI Telepho	one: <u>0901116677</u>
Thereby 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	Destination Country: <u>Bratay</u>	Departure (Effective)	Date:	
Thereby 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	3. Beneficiary Information			
i. pebele Bekure Father 100% BatU ii. iii. iv. v. vi. vii.	documents, court order and liquidation repor	t attested by the court.		
ii. iii. iv. v. vi. vii.	Full Name	Relationship	Percentage Share	Address/Telephone
iii. iv. v. vi. vii.	i. <u>Debele Bekure</u>	Fasher	_ 100%	Batu
iv. v. vi. vii.				
v. vi. ii.			1010mg 03	
vi.			1 2 2	\ <u></u>
ii.			22 9011 1060	*
- 100 Sec. 100				
10070	· ii.		Total	100%
				10070
	Name of Life Assured: Fatuma Del		Allu Date	