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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: FREHIWOT Father's Name: EREDA G. Father's Name: DESALEGN

Date of Birth: 9-APR-87 Place of Birth: JAJERA Passport Number: EP 6806152 Gender: Female

Address: - Region: CENTRAL City: Hadiya Sub City: Jajura Woreda: North Kebele: Jajura H. No.:

Occupation: Housewife Marital Status: married Labor ID Number: EF11179049

Contact Person in case of Emergency: Name NUREBO MELKAMU Telephone: 0925594739

2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: BRATAR 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>Nurebo Melkamu</u>	<u>Husband</u>	<u>100%</u>	<u>Hadiya 0925594739</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>
			Total	100%



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

Name of Life Assured: FREHIWOT EREDA Signature: [Signature] Date: 21-5-25