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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: Hana Father's Name: Asakebel G. Father's Name: Gosho

Date of Birth: 17 feb-95 Place of Birth: Adama Passport Number: EA2162131 Gender: Female

Address: - Region: Oromia City: Adama Sub City: Denbe Woreda: Wenji Kebele: * H. No.:

Occupation: Housewife Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Mesfin Diriba Telephone: 0912220008

2. Particulars of The Travel

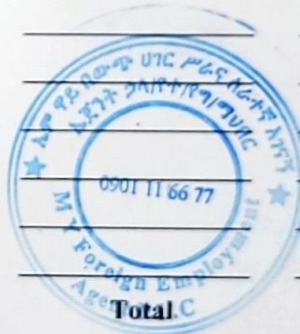
Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>Mesfin Diriba</u>	<u>Husband</u>	<u>100%</u>	<u>Adama</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>



100%

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

Name of Life Assured: Hana Asakebel Signature: [Signature] Date: 29 APR-25