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Nyala Insurance S.C

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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: Worke Father's Name: Demise G. Father's Name: Shifera

Date of Birth: 23-Jan-94 Place of Birth: Shoa Passport Number: Ep 7336338 Gender: Female

Address: - Region: Oromia City: bishoftu Sub City: bishoftu Woreda: tarfi Kebele: 08 H. No.: _____

Occupation: Housemaid Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name Nebil Shiferaw Telephone: 0948630503

2. Particulars of The Travel

Agency Name: Adey agency Agency Contact Name: naway Telephone: 0912805194

Destination Country: Russia 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>nebil shiferaw</u>	<u>brother</u>	<u>100%</u>	<u>Oromia 0948630503</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Worke Demise Signature: [Signature] Date: 24-Sep-24