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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: TAYITU Father's Name: ASENU G. Father's Name: WARYO

Date of Birth: 15-JAN-87 Place of Birth: SHOA Passport Number: EQ2834261 Gender: FEMALE

Address: - Region: OROMIYA City: _____ Sub-City: DIZAYIT Woreda: ADA Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EFHQ649539

Contact Person in case of Emergency: Name GETU ASENU Telephone: 09-13-97-82-39

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-47-36

Destination Country: UAG Departure (Effective) Date: 18-06-2025

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>GETU ASENU</u>	<u>BROTHER</u>	<u>100%</u>	<u>09-13-97-82-39</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
		Total	100%	

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

Name of Life Assured: Tayitu Aseanu

Signature: 

Date: 18-06-2025