



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

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Hana Father's Name: Kebede G. Father's Name: Bikila

Date of Birth: 21-Oct-94 Place of Birth: Addis Ababa Passport Number: EP8660803 Gender: F

Address: - Region: Addis Ababa City: A.A Sub City: A- Ketema Woreda: 12 Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EF10094013

Contact Person in case of Emergency: Name Meseret Kebede Telephone: 0937676257

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809451

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>Glenet Gebremariam</u>	<u>Mother</u>	<u>100%</u>	<u>A.A / 0921737386</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Hana Kebede Signature: [Signature] Date: 10-Dec-24