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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: Aselefech Father's Name: Eshete G. Father's Name: Bedada
Date of Birth: 17-sep-93 Place of Birth: Bishoftu Passport Number: EP0060261 Gender: female
Address: - Region: Oromia City: addis Sub City: addis Woreda: Kebele: H. No.:
Occupation: Housemaid Marital Status: Single Labor ID Number:
Contact Person in case of Emergency: Name Geru Abebe Telephone: 0925098812

2. Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Negwe Telephone: 097230206
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>Berekenesh Eshete</u>	<u>Sister</u>	<u></u>	<u>0973087055</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: Aselefech Signature: [Signature] Date: 7-Feb-25