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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: Simegn Father's Name: Asefa G. Father's Name: Tufa

Date of Birth: 01-01-90 Place of Birth: Avsi/Negele Passport Number: EP8611549 Gender: Female

Address: - Region: Gromla City: Degeber Sub City: A.A Woreda: 11 Kebele: - H. No.: -

Occupation: House Made Marital Status: Married Labor ID Number: -

Contact Person in case of Emergency: Name Abiy Asefa Telephone: 0963379734

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neay Telephone: 0912805194

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>Askalech Tadele</u>	<u>Mother</u>	<u>100%</u>	<u>0916146010</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: Simegn Asefa

Signature: [Signature]

Date: 1-Apr-25