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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: Genet Father's Name: Legesse G. Father's Name: Geisale

Date of Birth: 15-SEP-78 Place of Birth: Debrezeit Passport Number: EA1939939 Gender: Female

Address: - Region: Oromia City: Wisho Sub City: Lume Woreda: Wisho Kebele: 5 H. No.:

Occupation: Housewife Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Muktar H/Abdellah Telephone: 0912821143

2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Bahar 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>MUKTAR H/Abdellah</u>	<u>Husband</u>	<u>100%</u>	<u>Agarfa</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: Genet Legesse Signature: [Signature] Date: 11-mar-25