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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: Haymanot Father's Name: Kebebe G. Father's Name: Dinegedo
Date of Birth: 16-Feb-90 Place of Birth: Awash Passport Number: EQ2539087 Gender: Female
Address: - Region: Dromia City: Meserak Sub City: Shoa Woreda: Sebeta Kebele: baleda H. No.: New
Occupation: Housemaid Marital Status: Married Labor ID Number: EF11286290
Contact Person in case of Emergency: Name Melese Kebebe Telephone: 0968427877

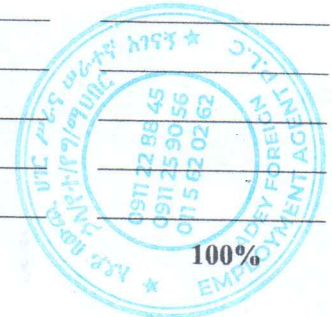
2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: noway Telephone: 0912805194
Destination Country: USA 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>Melese Kebebe</u>	<u>Brother</u>	<u>100%</u>	<u>0968427877</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
Total			100%	



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

Name of Life Assured: Haymanot Kebebe Signature: [Signature] Date: 25-June-25