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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: Netsanet Father's Name: Hailu G. Father's Name: wandowan

Date of Birth: 11-Sep-93 Place of Birth: Meika Jebi Passport Number: EP7716564 Gender: Female

Address: - Region: Oromia City: Adama Sub City: D.ZED Woreda: Irecha Kebele: _____ H. No.: _____

Occupation: Housemaid Marital Status: Single Labor ID Number: EF10375400

Contact Person in case of Emergency: Name Getahun Gemecho Telephone: 0924007761

2. Particulars of The Travel

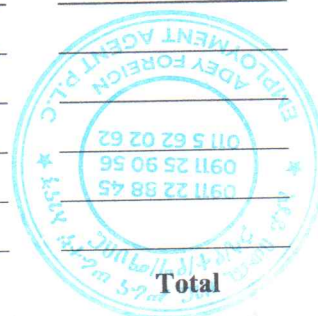
Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809194

Destination Country: Oman 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>Netsanet Hailu</u>	<u>Father</u>	<u>100%</u>	<u>Huruta</u> <u>Sittula</u> <u>10937087192</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Netsanet Hailu Signature: [Signature] Date: 27-Mar-25