

1. Particulars of the Life Assured:



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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

As printed in the passport) Name: AYLECH Father's Name: ABC & G. Father's Name: Coc BPETS ADIX Date of Birth: 23-you and Place of Birth: 840 Passport Number: Ep 23-1125 & Gender: Female Address: - Region: Flour Alaba City: Proprose Sub City: John Woreda: Kebele: H. No.: Occupation: Housewald Marital Status: Marited Labor ID Number: Contact Person in case of Emergency: Name Comeka Thicks Telephone: A93-4-33-69 2. Particulars of The Travel Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677 Destination Country: Office Toward 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. Comeka Address/Telephone I have a Address/Te			
Name: All Each Father's Name: All Cele G. Father's Name: G. ERETS ADDRESS Date of Birth: 28 June 39 Place of Birth: 846 Passport Number: Ep 23 7 1258 Gender: Female Address: - Region: Polis Alab City: Polis As but City: God Woreda: Kebele: H. No.: Occupation: Houseward Marital Status: Mary Yeld Labor ID Number: Contact Person in case of Emergency: Name Demake Files Telephone: 69 7 4 7 3 7 6 9 9 9 9 1116677 Destination Country: Octo Lude 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. Demake Address/Telephone i. Demake Address/Telephone i. Demake Address/Telephone ii. Demake Address/Telephone Total 100% Please attached copy of Passport and Kebele ID to this form.	Title: Mr./Ms./Mrs.		
Date of Birth: 28 Day 39 Place of Birth: 840 Passport Number: 62331258 Gender: Female Address: - Region: 1011 Alab City: 1001 Mark Sub City: 1040 Woreda: Kebele: H. No.: Occupation: 1101 Alab City: 1001 Mark Sub City: 1040 Woreda: Kebele: H. No.: Occupation: 1101 Number: Contact Person in case of Emergency: Name 1000 Ket 1000 Set Telephone: 090 1116677 Particulars of The Travel Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677 Destination Country: 000 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. 1000 1000 1000 1000 1000 1000 1000 10	(As printed in the passport)		
Address: - Region: Alous Abab. City: poblishas Sub City: Todo Woreda: Kebele: H. No.:	Name: AYELECH Father's Name: 1986	BE G. Father's N	Name: GEBRETS ADIK
Contact Person in case of Emergency: Name Demoke Three Telephone: APS 45 37 69 2. Particulars of The Travel Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677 Destination Country: Agency Contact Name: Merima ALI Telephone: 0901116677 Destination Country: 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. Demoke Tacks Advis Lussand 150 0/0 Tack 19 72 145 37 6 ii. iii. iv. v. vi. Total 100% Please attached copy of Passport and Kebele ID to this form.	Date of Birth: 22-Jan-89 Place of Birth: SHO Passp	ort Number: Ep 83712	58 Gender: Female
2. Particulars of The Travel Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677 Destination Country: Office Law 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. Denacks Advess/Telephone ii. iii. iii. iv. v. v. vi. vi. vi. Total 100% Please attached copy of Passport and Kebele ID to this form.	Address: - Region: ADIJS Ababa City: ADDISONA Sub City: Jado	Woreda:Kebele	e:H. No.:
2. Particulars of The Travel Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677 Destination Country: Description 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. Denegate Tacks Lundard Copy of Passport and Kebele ID to this form.	Occupation: Hallemoid Marital Status: married	Labor ID Nun	nber:
Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677 Destination Country: OFF LAC 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. Demeke Aclese Lausband 150 0/6 Toto 109 75 45 737 6 ii. iii. iii. v. v. vi. Total 100% Please attached copy of Passport and Kebele ID to this form.	Contact Person in case of Emergency: Name Demeke Janeso	Telephone: 09750	153769
Destination Country: Description Departure (Effective) Date:	2. Particulars of The Travel		
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. Deach Tadese iii. 100 o/o 100 for 7145376 iv. 100 o/o 100 for 7145376 Total 100% Please attached copy of Passport and Kebele ID to this form.	Agency Name: MY AGENCY Agency Contact Nam	e: Merima ALI Teleph	one: <u>0901116677</u>
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Full Name Relationship Percentage Share Address/Telephone i. Dengele Tacks: ii. iii. iii. iv. v. vi. vii. Please attached copy of Passport and Kebele ID to this form.			
Full Name Relationship Percentage Share Address/Telephone i. Dengthe The late husband ii. iii. iv. v. vi. vi. Please attached copy of Passport and Kebele ID to this form.	I heraby assigned the policy honests to the flowing honest in its Dell	1 C1	1
i. Deneke TACLUSE husband 150 0/6 104 7545376 ii. iii. iv. v. v. vi. vi. Please attached copy of Passport and Kebele ID to this form.		cy benefit payments are s	ubject required claim
ii. iii. iv. v. vi. vii. Total Total 100%	Full Name Relationship	Percentage Share	Address/Telephone
ii. iii. iv. v. vi. vii. Total Total 100%	i. Danske TAdese husband	1000/6	Tako /09 7545376
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vi. vii. Total Total 100%	iii	as the	3/18+187 05 35h
vi. vii. Total 100% Please attached copy of Passport and Kebele ID to this form.	iv	1/2 4/	18 3
vi	V.	₹ 09	01 11 66 77
Vii		1.5	
Please attached copy of Passport and Kebele ID to this form.		A South Di C	
		Total	100%
Name of Life Assured: AYELECH ARGRG Signature: Date: 26-5-2025	Please attached copy of Passport and Kebele ID to this form.		
	Name of Life Assured: AYEVECH ABERG Signature:	Dat	te: 26-5-2025