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Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: AYELECH Father's Name: ABEBE G. Father's Name: GEBRETSADIK

Date of Birth: 28-jan-89 Place of Birth: SHO Passport Number: EP8371258 Gender: Female

Address: - Region: ADDIS ABABA City: ADDIS ABABA Sub City: TADO Woreda: _____ Kebele: _____ H. No.: _____

Occupation: Housemaid Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name DEMEKE TADESE Telephone: 0975453769

2. Particulars of The Travel

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

Destination Country: QATAR / 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>DEMEKE TADESE</u>	<u>husband</u>	<u>100%</u>	<u>TADO / 0975453769</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: AYELECH ABEBE Signature: _____ Date: 26-5-2025