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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: ASNAKU Father's Name: ANELEY G. Father's Name: WALE

Date of Birth: 22-Aug-01 Place of Birth: GOJAM Passport Number: EP6877164 Gender: Female

Address: - Region: Amara City: Gastgehem Sub City: Bardar Woreda: _____ Kebele: _____ H. No.: _____

Occupation: Hauremael Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name MAMNE JETANE Telephone: 0924289293

2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: 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>Tenbes tamer</u>	<u>mother</u>	<u>100 %</u>	<u>Gojam / 0924289293</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: ASNAKU ANELEY Signature: SAHSE Date: 14/7/2025