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Nyala Insurance S.C

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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: KIBITU Father's Name: LEMESA G. Father's Name: DESISA

Date of Birth: 09-12-97 Place of Birth: WOLLEGA Passport Number: EP8852493 Gender: Female

Address: - Region: OROMIA City: Shashenne Sub City: Etura Woreda: _____ Kebele: _____ H. No.: _____

Occupation: Housemaid Marital Status: married Labor ID Number: EF10358627

Contact Person in case of Emergency: Name NEGERA LEMESA Telephone: 0911045393

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>MERSE Abule</u>	<u>child</u>	<u>50%</u>	<u>Shashenne / 0911045393</u>
ii.	<u>Eyob Abule</u>	<u>child</u>	<u>50%</u>	<u>Shashenne / 0911045393</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: KIBITU LEMESA Signature: [Signature] Date: 16-5-2025