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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: MEDEHANT Father's Name: ATTINAFU G. Father's Name: GALDA

Date of Birth: 11 APR 89 Place of Birth: ALATA WONDO Passport Number: EP8953692 Gender: F

Address: - Region: SIDAMA City: _____ Sub City: DAYE Woreda: 02 Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name FELEKE FANTAYE Telephone: 0909 73 78 71

2. Particulars of The Travel

Agency Name: ALICABA Agency Contact Name: AMWAL Telephone: 011 569 6964

Destination Country: U.K.E 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>FELEKE FANTAYE</u>	<u>HUSBAND</u>	_____	<u>100%</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Medhont + ATTINAFU Signature: [Signature] Date: 25/06/28