ኒያላ ኢንሹራንስ አ.ማ
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: Adena Father's Name: Mequanent G. Father's Name: Kassie

Date of Birth: 31 May-98 Place of Birth: Gunabeg medir Passport Number: EP6821142 Gender: Female

Address: - Region: Amhara City: 5. Gondar Sub City: Gemdir Woreda: ____ Kebele: Menadiri H. No.: —

Occupation: Housemaid Marital Status: Single Labor ID Number: EF1100778

Contact Person in case of Emergency: Name Mesafint Sisay Telephone: 09-10-39-30-88

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809194

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.	Yishiye Zinabe	Mother	80%	Mendida/0961001002
ii.	Tadelech Mequrent	Sister	50%	Menadida/0924525634
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Adena Mequanent Signature: [signature] Date: 3-Jun-25