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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 @nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Roman Father's Name: Tadese G. Father's Name: Alemu

Date of Birth: 26 Sep 02 Place of Birth: Goma Passport Number: EP2534086 Gender: Female

Address: - Region: Oromia City: Jimma Sub City: Goma Woreda: Gelana Abu Kebele: H. No.:

Occupation: Housewife Marital Status: married Labor ID Number: EFZQV27389

Contact Person in case of Emergency: Name zerihun wendimu Telephone: 0906222562

2. Particulars of The Travel

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

Destination Country: Q/UA 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>Tadese Alemu</u>	<u>Father</u>	<u>100%</u>	<u>Gelana Abu / 0979317126</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%

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

Name of Life Assured: Roman Tadese Signature: [Signature] Date: 1-AUG-25