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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: Erahmet Father's Name: Hassen G. Father's Name: Ali

Date of Birth: 2-Apr-83 Place of Birth: Kutaber Passport Number: EP8829792 Gender: Female

Address: - Region: Amhara City: DESSIE Sub City: Menafesha Woreda: nebsu Kebele: ager H. No.: _____

Occupation: Housemade Marital Status: married Labor ID Number: EF10493654

Contact Person in case of Emergency: Name Awol Hassen Telephone: 0926997492

2. Particulars of The Travel

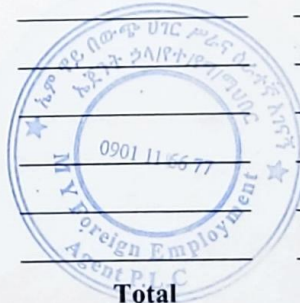
Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Bratar 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>Awol Hassen</u>	<u>Brother</u>	<u>100%</u>	<u>DESSIE</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Erahmet Hassen Signature: [Signature] Date: 5-Feb-25