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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: Endale Father's Name: Derbie G. Father's Name: Biselegn
Date of Birth: 26-may-03 Place of Birth: Aregra Passport Number: EP1156658 Gender: Female
Address: - Region: Amhara City: Kobo Sub City: S. Walo Woreda: Kobo Kebele: 02 H. No.: New
Occupation: Household Marital Status: Single Labor ID Number: EF10965612
Contact Person in case of Emergency: Name Medias derbie Telephone: 09-19-81-24-70

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912203194
Destination Country: Kuwait 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>Alex Getache</u>	<u>Nephew</u>	<u>100%</u>	<u>A.A/09-10-90-40-25</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Endale Derbie Signature: [Signature] Date: 28-Jul-2025