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Nyala Insurance S.C

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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: KALKIDAN Father's Name: TAREKEGNE G. Father's Name: DAGNE

Date of Birth: 06-01-94 Place of Birth: ADDIS ABABA Passport Number: Ep 6980397 Gender: Female

Address: - Region: ADDIS ABABA City: Addis Ababa Sub City: Rolfe Woreda: 4 Kebele: _____ H. No.: 3189

Occupation: House maid Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name Gened Yendhaw Telephone: 0937679024

2. Particulars of The Travel

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

Destination Country: USA 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>Gened Yendhaw</u>	<u>Mother</u>	<u>100%</u>	<u>Rolfe / 0937679024</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: KALKIDAN TAREKEGNE Signature: [Signature] Date: 12-2-2025