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Nyala Insurance S.C

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Protection House, Miky Leland Street

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: ADANECH Father's Name: MIDEKS G. Father's Name: MERGA

Date of Birth: 08 AUG 91 Place of Birth: AINBO Passport Number: E02995487 Gender: F

Address: - Region: ALA City: _____ Sub City: KIRKOS Woreda: 5 Kebele: _____ H. No.: _____

Occupation: HOUSEWIFE Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name EYERUS BINO Telephone: 0900649476

2. Particulars of The Travel

Agency Name: ALCABA Agency Contact Name: _____ Telephone: _____

Destination Country: U.A.E. 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>EYERUS BINO</u>	<u>SISTER</u>	_____	<u>100%</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Adanech Signature: [Signature] Date: 13/05/25