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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: KOKOBE Father's Name: ALEMAYEHU G. Father's Name: KASAYE
Date of Birth: 11-SEP-89 Place of Birth: HIDI Passport Number: EQ1926199 Gender: FEMALE
Address: - Region: OROMIYA City: _____ Sub City: DIZET Woreda: ADA Kebele: _____ H. No.: _____
Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: _____
Contact Person in case of Emergency: Name GIRMA ALEMAYEHU Telephone: 09-54-67-71-52

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-47-36
Destination Country: UAE Departure (Effective) Date: 5-06-2025

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>GIRMA ALEMAYEHU</u>	<u>BROTHER</u>	<u>100%</u>	<u>09-54-67-71-52</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Kokobe Alemayehu Signature: [Signature] Date: 5-06-2025