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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: Sava Father's Name: Alemu G. Father's Name: Anulo
Date of Birth: 18-Aug-91 Place of Birth: Bosot Passport Number: EP8500344 Gender: female
Address: - Region: Central City: Hossana Sub City: Hadiya Woreda: Soro Kebele: _____ H. No.: _____
Occupation: Housemaid Marital Status: Single Labor ID Number: Eppuk51456
Contact Person in case of Emergency: Name Daniel Alemu Telephone: 0923371037

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 091285194
Destination Country: UAE 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>Adenech hirego</u>	<u>mother</u>	<u>100%</u>	<u>Hossana 0927023785</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: Sava Alemu Signature: [Signature] Date: 23-Oct-2024