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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706
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: Abaynesh Father's Name: Asrat G. Father's Name: Achesso

Date of Birth: Kambata Place of Birth: 11-02-00 Passport Number: EP9210625 Gender: Female

Address: - Region: South City: Kambata Sub City: Kambata Woreda: Kambata Kebele: Wider H. No.: New

Occupation: House Maid Marital Status: M Labor ID Number: EF10305885

Contact Person in case of Emergency: Name Abebe Robo Telephone: 0983679656

2. Particulars of The Travel

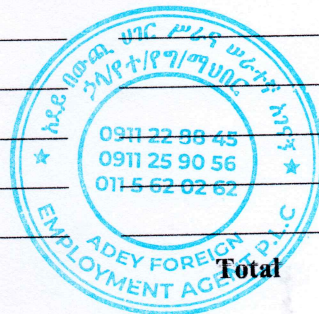
Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912209194

Destination Country: Sudan 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>Aberash Asrat</u> | <u>Sister</u> | <u>100%</u> | <u>0916141099</u> |
| ii. | _____ | _____ | _____ | _____ |
| iii. | _____ | _____ | _____ | _____ |
| iv. | _____ | _____ | _____ | _____ |
| v. | _____ | _____ | _____ | _____ |
| vi. | _____ | _____ | _____ | _____ |
| vii. | _____ | _____ | _____ | _____ |
| | | | Total | 100% |



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

Name of Life Assured: Abaynesh Asrat Signature: [Signature] Date: 9-Apr-25