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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: Abnet Father's Name: Seifu G. Father's Name: Bekere
Date of Birth: 11-Sep-89 Place of Birth: Shenbora Passport Number: EP7659000 Gender: Female
Address: - Region: Amhara City: Mejo Sub City: Mejo Woreda: - Kebele: 02 H. No.: -
Occupation: DUBAI Marital Status: Single Labor ID Number: -
Contact Person in case of Emergency: Name Tesfaye Telephone: 0910570451

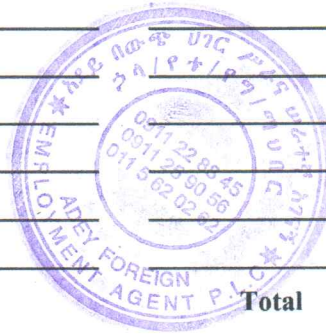
2. Particulars of The Travel

Agency Name: Amhara Region Employment Agency Agency Contact Name: Neway Telephone: 0912805194
Destination Country: DUBAI 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>Mestir Deraje</u>	<u>Cousin</u>	<u>100%</u>	<u>Amhara/09-36-24-0882</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: Abnet Seifu Signature: Seifu Date: 12-Jul-24