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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: Genet Father's Name: Fantahun G. Father's Name: Bogale

Date of Birth: 15-sep-93 Place of Birth: Arsi Passport Number: EP7576317 Gender: Female

Address: - Region: oromia City: Arsi Sub City: merti Woreda: _____ Kebele: _____ H. No.: _____

Occupation: Housemade Marital Status: Single Labor ID Number: EFTXK74797

Contact Person in case of Emergency: Name Asede Batu Telephone: 0919328807

2. Particulars of The Travel

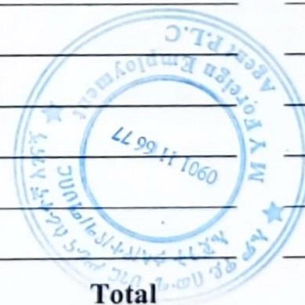
Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Eritrea 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>Tigist Fantahun</u>	<u>Sister</u>	<u>100%</u>	<u>Abumja /0970363763</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Genet fantahun Signature: [Signature] Date: 12-may-25