



ኒያላ ኢንሹራንስ አ.ማ
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: Erehima Father's Name: wusman G. Father's Name: Endre

Date of Birth: 16 nov 84 Place of Birth: Akista Passport Number: EP8083487 Gender: Female

Address: - Region: Ambaya City: Siwollo Sub City: Akista Woreda: Aket Kebele: 01 H. No.: _____

Occupation: Housmade Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name Ali Husein Telephone: 09418441150

2. Particulars of The Travel

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

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>Ali Husein</u>	<u>Husband</u>	<u>100%</u>	<u>Akista</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Erehima wusman Signature: [Signature] Date: 29-may-25