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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: WEGAYCHU Father's Name: Lema G. Father's Name: Welde

Date of Birth: 30-Jul-89 Place of Birth: A.A Passport Number: EP6529338 Gender: Female

Address: - Region: A.A City: A.A Sub City: A.A Woreda: Lafto Kebele: 52 H. No.: Block 2/23

Occupation: Housemaid Marital Status: Married Labor ID Number: EFCSA70650

Contact Person in case of Emergency: Name Dawit Bekela Telephone: 09-12-12-55-86

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 09-12-80-5594

Destination Country: DATAV 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>Dawit Bekela</u>	<u>Husband</u>	<u>100%</u>	<u>09-12-12-55-86</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Wegaychu Lema Signature: [Signature] Date: 30-Jul-25