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: Lackech Father's Name: Beyene G. Father's Name: Demssie

Date of Birth: 27-Apr-85 Place of Birth: Arsi Passport Number: EP9145271 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: ~~Tagu~~ Etusa Kebele: Gunjo H. No.: —

Occupation: Housemaid Marital Status: Married Labor ID Number: EF1127361 3

Contact Person in case of Emergency: Name Ayechew Tesagye Telephone: 0910995944

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nway Telephone: 0912805194

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.	webe Achenafi	Spouse	100%	0919125929
ii.				
iii.				
iv.				
v.				
vi.				
vii.			Total	100%

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

Name of Life Assured: Lackech Beyene Signature: [signature] Date: 17-June-25