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Nyala Insurance S.C

Tel: 251-116-628667, Fax: 251-116-628706
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: ELFNESH Father's Name: JINORO G. Father's Name: AGAGO
Date of Birth: 30-OCT-89 Place of Birth: HOBE Passport Number: EP6293224 Gender: FEMALE
Address: - Region: OROMIA City: _____ Sub City: CENTRAL ETHIOPIA Woreda: MAREKO Kebele: _____ H. No.: _____
Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number: _____
Contact Person in case of Emergency: Name TADIOS TURAMO Telephone: 09-13-82-93-45

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: _____ Telephone: _____
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>TADIOS TURAMO</u> | _____ | _____ | <u>100%</u> |
| ii. | _____ | _____ | _____ | _____ |
| iii. | _____ | _____ | _____ | _____ |
| iv. | _____ | _____ | _____ | _____ |
| v. | _____ | _____ | _____ | _____ |
| vi. | _____ | _____ | _____ | _____ |
| vii. | _____ | _____ | _____ | _____ |
| | | | Total | 100%* |

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

Name of Life Assured: _____ Signature: _____ Date: 19-05-2025