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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: KBRALEM Father's Name: MESFN G. Father's Name: YALEW

Date of Birth: 12-Jun-85 Place of Birth: GONDOAR Passport Number: EQ2193794 Gender: Female

Address: - Region: Addis Ababa City: Bote Sub City: Bale Woreda: 04 Kebele: Adiiss Maba H. No.:

Occupation: House maid Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Solomon Birhane Telephone: 0927135031

2. Particulars of The Travel

Agency Name: MY 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>Solomon Birhane</u>	<u>husband</u>	<u>100%</u>	<u>H.A / 0927135031</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%

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

Name of Life Assured: KBRALEM MESFN Signature: [Signature] Date: 1-5-2025