



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

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

As printed in the passport)

Name: Branesh Father's Name: Desta G. Father's Name: Nelso
Date of Birth: 3-Sep-95 Place of Birth: Hossana Passport Number: EP6373447 Gender: Female
Address: - Region: Central City: Hadiya Sub City: - Woreda: - Kebele: - H. No.: -
Occupation: House maid Marital Status: Single Labor ID Number: -
Contact Person in case of Emergency: Name Demekech Telephone: 0913 44 93 34

Particulars of The Travel

Agency Name: Al-kaba Agency Contact Name: Nejwa Telephone: 0972302060
Destination Country: Dubai Departure (Effective) Date: -

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>Ayelech desta</u>	<u>Mother</u>	<u>100%-</u>	<u>0919366790</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Branesh Signature: [Signature] Date: 31-Jan 25