ኔያላ ኢንሹራንስ
Nyala Insu
Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Mi[illegible] Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs. (As printed in the passport) Name: ADANECH Father's Name: MOKONIN G. Father's Name: NIGATU

Date of Birth: 19-JUN-99 Place of Birth: ARSI Passport Number: EQ2809849 Gender: FEMALE

Address: - Region: A.A City: _____ Sub City: GORO Woreda: 09 Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number: _____

Contact Person in case of Emergency: Name SHIMELES MEKONEN Telephone: 09-24-93-89-78

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-74-69-69-69

Destination Country: UAE Departure (Effective) Date: 25-06-2025 ~~09-74-69-69-69~~

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.	SHIMELES MEKONEN	BROTHER	100%	09-24-93-89-78
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Adanech Signature: _____ Date: 25-06-2025