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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: meseret Father's Name: kebede G. Father's Name: Berele

Date of Birth: 18 Jan 88 Place of Birth: AWASH Passport Number: EP9370658 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Awash mekasa Woreda: dodora Kebele: _____ II. No.: _____

Occupation: Housemade Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name Kibresh Kebede Telephone: 0932071741

2. Particulars of The Travel

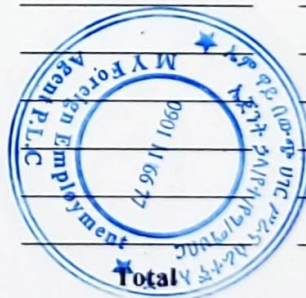
Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Braxay 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>Amen Derib</u>	<u>son</u>	<u>100%</u>	<u>Awash mekasa</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____



100%

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

Name of Life Assured: meseret kebede Signature: [Signature] Date: 10-mar-25