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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: GETE Father's Name: GULIE G. Father's Name: WOLDEHAWARIA

Date of Birth: 20-04-87 Place of Birth: Shoa Passport Number: EQ1174911 Gender: Female

Address: - Region: Amara City: W/ Shoa Sub City: Sendafa Woreda: _____ Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name MUSSE HABTOMARIAM Telephone: 0938302008

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>MUSSE HABTOMARIAM</u> | <u>husband</u> | <u>100%</u> | <u>Sendafa / 0938302008</u> |
| ii. | _____ | _____ | _____ | _____ |
| iii. | _____ | _____ | _____ | _____ |
| iv. | _____ | _____ | _____ | _____ |
| v. | _____ | _____ | _____ | _____ |
| vi. | _____ | _____ | _____ | _____ |
| vii. | _____ | _____ | _____ | _____ |
| | | | Total | 100% |

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

Name of Life Assured: GETE GULIE Signature: [Signature] Date: 19-may-28