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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: Lakech Father's Name: Adisse G. Father's Name: Guchale

Date of Birth: 11-feb-93 Place of Birth: Shwa Passport Number: EA1913009 Gender: Female

Address: - Region: Amhara City: N/ Shoa Sub City: molale Woreda: molale Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name Shiferaw Fassa Telephone: 09679373 68

2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Egypt / ~~Libya~~ 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>Genet Adisse</u> | <u>Sister</u> | <u>100%</u> | <u>Genet Sidamo Awash</u> |
| ii. | _____ | _____ | _____ | _____ |
| iii. | _____ | _____ | _____ | _____ |
| iv. | _____ | _____ | _____ | _____ |
| v. | _____ | _____ | _____ | _____ |
| vi. | _____ | _____ | _____ | _____ |
| vii. | _____ | _____ | _____ | _____ |
| | | | Total | 100% |



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

Name of Life Assured: Lakech Adisse Signature: _____ Date: 6-feb-25