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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: TIRUNESH

Father's Name: KENIHA

G. Father's Name: JIRATA

Date of Birth: 23-OCT-95 Place of Birth: SHANBU Passport Number: EP8007491 Gender: FEMALE

Address: - Region: OROMIA City: _____ Sub City: WOLLEGA Woreda: GOGO SEYO Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: EJMD38223

Contact Person in case of Emergency: Name BACHA KENIHA JIRATA Telephone: 09-11-45-17-64

2. Particulars of The Travel

Agency Name: AL KABA

Agency Contact Name: NEJEMA

Telephone: 09-11-28-47-36

Destination Country: UAE

Departure (Effective) Date: 5-06-2025

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>BACHA KENIHA JIRATA</u>	<u>BROTHER</u>	<u>100%</u>	<u>09-11-45-17-64</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: TIRUNESH

Signature: TIRUNESH

Date: 5-06-2025