



ኒያላ ኢንሹራንስ አ-ማ 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

Name: Zeyneba Father's Name: Jewbo G. Father's Name: Aliy Date of Birth: Asep-9 Place of Birth: Dodolo Akm Passport Number: \$\int 28975853\$ Gender: Jewole Address: - Region: \(\text{Oromina}\) City: Arsi Sub City: Arsi Woreda Dodo Kebele: H. No.: Occupation: House Mand Marital Status: Marie Labor ID Number: Contact Person in case of Emergency: Name Aboye. Sulle. Telephone: \(\text{O19319933} \) 2. Particulars of The Travel Agency Name: Adey Asmey Agency Contact Name: Neway Telephone: \(\text{O19319933} \) Destination Country: 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. Abo Rali Musbard Musbard	1. Particulars of the Life Assured:			
Name: Zeyneba Father's Name: Jewbo G. Father's Name: Aliy Date of Birth: Asep-9 Place of Birth: Dodolo Akm Passport Number: \$\int 28975853\$ Gender: Jewole Address: - Region: \(\text{Oromina}\) City: Arsi Sub City: Arsi Woreda Dodo Kebele: H. No.: Occupation: House Mand Marital Status: Marie Labor ID Number: Contact Person in case of Emergency: Name Aboye. Sulle. Telephone: \(\text{O19319933} \) 2. Particulars of The Travel Agency Name: Adey Asmey Agency Contact Name: Neway Telephone: \(\text{O19319933} \) Destination Country: 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. Abo Rali Musbard Musbard	Title: Mr./Ms./Mrs.			
Address: - Region: Oromac City: Ars. Sub City: Ars. Woreda Dao Kebele: H. No.:	(As printed in the passport)			0
Address: - Region: Oromac City: Ars. Sub City: Ars. Woreda Dao Kebele: H. No.:	Name: Zeyneba Father	's Name: <u>Jenbo</u>	G. Father's	Name: ALY
Address: - Region: Oromac City: Ars. Sub City: Ars. Woreda Dao Kebele: H. No.:	Date of Birth: Place of Birth:	Dodota Alem Passp	ort Number: Ep897	5258 Gender: Jemak
Contact Person in case of Emergency: Name Abaye. Suffe. Telephone: O919319933 2. Particulars of The Travel Agency Name: Adey Agency Contact Name: Neway Telephone: O11880\$194 Destination Country: 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. Abo Radi Marka Oolo Okoma 10068039980 ii. iii. iiv. v. v. vi. vi. vii. Total 100% Please attached copy of Passport and Kebele ID to this form.	Address: - Region: oronia City: Arsi	Sub City: Avsi	Woreda: Dodo Kebe	le:H. No.:
Agency Name: Adey Agency Contact Name: Neway Telephone: CALAROS194 Destination Country: 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. Abo Rali Indiana Address/Telephone ii. Indiana Address/Telephone iv. V. Vi. Vi. Vi. Vi. Vi. Vi. Vi. Vi. Vi.	Occupation: House maid Marita	1 Status: marrie	Labor ID Nu	mber:
Agency Name: Adey Agency Agency Contact Name: Neway Telephone: \$\frac{12805194}{2000}\$ Destination Country: Departure (Effective) Date:	Contact Person in case of Emergency: Name	baye sulte	Telephone: 0919	219933
Destination Country: 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. Abo Radi	2. Particulars of The Travel			
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. Abo Radi iii. iii. iii. iv. v. v. vi. vi. vii. Italiana Information Total Total 100%	Agency Name: Adey Agency	Agency Contact Name	: Neway T	elephone: <u>6112805194</u>
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. Abo Radi ii. iii. iii. iv. v. v. vi. vi. vii. Total Total Total 100% Please attached copy of Passport and Kebele ID to this form.	Destination Country:Qafar	Departure (Effective)	Date:	
Full Name Relationship Percentage Share i. Abo Radi iii. iii. iii. iv. v. vi. vi. vii. Please attached copy of Passport and Kebele ID to this form.	3. Beneficiary Information			
Full Name Relationship Percentage Share Address/Telephone i. Abo Radi iii. iv. v. v. vi. vii. Total Please attached copy of Passport and Kebele ID to this form.	I hereby assignee the policy benefits to the flow	ing beneficiaries. Policy	benefit payments are s	ubject required claim
i. Abo Rati husband 100% Overna 10962039980 ii. iii. iv. v. v. vi. vii. Total 100% Please attached copy of Passport and Kebele ID to this form.	documents, court order and liquidation report at	tested by the court.		
ii. iii. iv. v. v. vi. Vii. Total Total 100%	Full Name	Relationship	Percentage Share	Address/Telephone
iii. iv. v. vi. vii. Total Total 100%		husband	O O O O	Ovonia 10962039920
iv. v. vi. vii. Total Total 100%		1350	1/4 6	
vi. vii. Total Total 100%		1000	29 5 1160 5	
Please attached copy of Passport and Kebele ID to this form.		950	3822 15	
Please attached copy of Passport and Kebele ID to this form.	vi	The state of the s	In the Name of the last of the	
Please attached copy of Passport and Kebele ID to this form.	vii.	347	n 59d 3	
			Total	100%
Name of Life Assured: Zeyneba Jenbo Signature: Zu Date: 4-Dec-2024	Please attached copy of Passport and Kebele ID	to this form.		
	Name of Life Assured: 2eyneba Je	Signature:	Zu Date	:4-Dec-dod4