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**Nyala Insurance S.C**

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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Medina Father's Name: Assefa G. Father's Name: Yimer

Date of Birth: 18-Jan-86 Place of Birth: Dessie Passport Number: EP8273402 Gender: Female

Address: - Region: Amhara City: Dessie Sub City: S-wollo Woreda: - Kebele: - H. No.: -

Occupation: House maid Marital Status: Single Labor ID Number: -

Contact Person in case of Emergency: Name Assefa Seid Telephone: 0914605140

### 2. Particulars of The Travel

Agency Name: Aley Agency Agency Contact Name: Neway Telephone: 0912805149

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>Assefa Seid</u>	<u>Father</u>	<u>50%</u>	<u>Dessie / 0914605140</u>
ii.	<u>Hawra Shefaw</u>	<u>Mother</u>	<u>50%</u>	<u>Dessie / 0914605140</u>
iii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
iv.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
v.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
vi.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
vii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
			<b>Total</b>	<b>100%</b>



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

Name of Life Assured: Medina Assefa Signature: [Signature] Date: 3-Jan-25