



ኒያላ ኢንሹራንስ አ.ማ  
Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626786  
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: ALMAH2 Father's Name: MANAHLE G. Father's Name: CHERE

Date of Birth: 11-sep-97 Place of Birth: AGUNBER Passport Number: E01047739 Gender: Female

Address: - Region: Amhara City: W/Shoa Sub City: Hageremariam Woreda: Hax Kebele: Amariam H. No.:

Occupation: Housemade Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Aba Teklemariam Telephone: 0913260351

### 2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Bratar 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>FKir teshibela</u> | <u>child</u> | <u>100%</u>      | <u>Addis Ababa</u> |
| ii.  | <u></u>               | <u></u>      | <u></u>          | <u></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: Almaz Manahle Signature:  Date: 9-Dec-24