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Nyala Insurance S.C

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P.O. Box: 12753, Addis Ababa, Ethiopia
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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: Hawla Father's Name: Ayalew G. Father's Name: Asefa

Date of Birth: 26 mar 02 Place of Birth: Afessa Passport Number: EA2873667 Gender: Female

Address: - Region: Amhara City: sludro Sub City: Afessa Woreda: Legambo Kebele: _____ H. No.: _____

Occupation: house made Marital Status: single Labor ID Number: _____

Contact Person in case of Emergency: Name Ahmed tesuf Telephone: 0929237341

2. Particulars of The Travel

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

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>Ayalew Asefa</u>	<u>father</u>	<u>100%</u>	<u>Legambo/0903039440</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____

Total

100%

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

Name of Life Assured: Hawla Ayalew

Signature: [Signature]

Date: 23-jun-25