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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: Segedu F	ather's Name: Ha'll	G. Father's	Name: Jessema
Date of Birth: 29 jan 82 Place of I	Birth: Goijam Passp	port Number: EQ 242	29136 Gender: Female
Address: - Region: Addis Aba Bity: AK	aki Kauft Sub City: Akaki K	Woreda: 09 Kebel	c:H. No.:
Occupation: NOUS made N	Marital Status: <u>Single</u>	Labor ID Nun	nber: <u>EF11315032</u>
Contact Person in case of Emergency: Name Mexides Haild Telephone: 094533328			
2. Particulars of The Travel			
Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677			
Destination Country: Dat 2Y	Departure (Effective)	Date:	
3. Beneficiary Information			
I hereby assignee the policy benefits to the	e flowing beneficiaries. Poli	cy benefit payments are si	ubject required claim
documents, court order and liquidation rep			
Full Name	Relationship	Percentage Share	Address/Telephone
i. <u>motides Hailu</u>	sister	100%	Addis Avalor
ii	_	100	
iii.	_	SPE USTA VIST	
iv		En Skill	
v		9 4	Ioya
vi		3. 14 Cap.	O D
vii.		M V Foreles	3
		Total	100%
Please attached copy of Passport and Kebele ID to this form.			
Name of Life Assured: Segedy Haily Signature: Date: 11-419-25			