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Nyala Insurance S.C

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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: MERON Father's Name: SHIFERAW G. Father's Name: TESFAYE

Date of Birth: 30-JAN-01 Place of Birth: SULULIA Passport Number: EB 1110769 Gender: Female

Address: - Region: Addis Ababa City: bore Sub City: Tafo Woreda: 13 Kebele: H. No.:

Occupation: housemaid Marital Status: Single Labor ID Number:

Contact Person in case of Emergency: Name ABdi Temsigen Telephone: 0929340823

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>ABDI Temsigen</u>	<u>Brother</u>	<u>100 %</u>	<u>Tafo/0929340823</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>
			Total	100%

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

Name of Life Assured: meron shiferaw Signature: [Signature] Date: 10-4-2021