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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: Haymanot Father's Name: Mekonnen G. Father's Name: Maiaferia

Date of Birth: 27-Jan-88 Place of Birth: Debrezeit Passport Number: EG2169705 Gender: Female

Address: - Region: Oromia City: Sendafa Sub City: Bake Woreda: 4 Kebele: Bake H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF1192705

Contact Person in case of Emergency: Name Bahru Gremede Telephone: 09-13-23-53-84

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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>Bahru Gremede</u>	<u>Husband</u>	<u>100%</u>	<u>Sendafa / 0913235384</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Haymanot Mekonnen Signature: [Signature] Date: 9-Jun-2025