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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: Zena Father's Name: Kebede G. Father's Name: Lambore

Date of Birth: 10 Feb 94 Place of Birth: Lembuda Passport Number: SP9222160 Gender: Female

Address: - Region: South City: hadiya Sub City: hadiya Woreda: Asera Kebele: Bibicho H. No.:

Occupation: House maid Marital Status: widow Labor ID Number:

Contact Person in case of Emergency: Name Netsanet meseret Telephone: 0986993793

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nenay Telephone: 0912805196

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>Kebede Lambore</u>	<u>Father</u>	<u>50%</u>	<u>hossana/0910928901</u>
ii.	<u>Adanech waje</u>	<u>mother</u>	<u>50%</u>	<u>hossana/0910928901</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: Zena Kebede Signature: [Signature] Date: 02-Jan-2024