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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706
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: Belete Father's Name: Sertse G. Father's Name: Haile Maryam

Date of Birth: 20-Sep-89 Place of Birth: Wolito Passport Number: EP 7337920 Gender: Female

Address: - Region: Amhara City: Wolito Sub City: N. Wolito Woreda: Wolito Kebele: --- H. No.: ---

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

Contact Person in case of Emergency: Name Glenzeb Habtamu Telephone: 0923943101

2. Particulars of The Travel

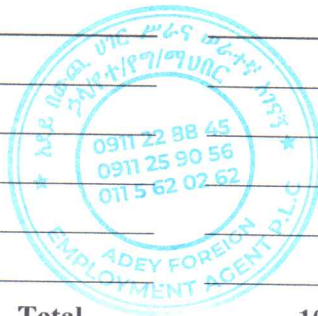
Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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>Birke Ayenew</u>	<u>Mother</u>	<u>100%</u>	<u>Wolito / 0995030436</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: Belete Sertse Signature: [Signature] Date: 30-4-2025