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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: Keelija Father's Name: Sermolo G. Father's Name: Abdela

Date of Birth: 19-Dec-89 Place of Birth: Silte Passport Number: E*P8835872 Gender: female

Address: - Region: Ethio City: Dalucha Sub City: 8/ite Woreda: dalucha Kebele: Jegeni H. No.: New

Occupation: Housemaid Marital Status: Single Labor ID Number: EF10047712

Contact Person in case of Emergency: Name Keirealdin Jawehar Telephone: 0901188388

2. Particulars of The Travel

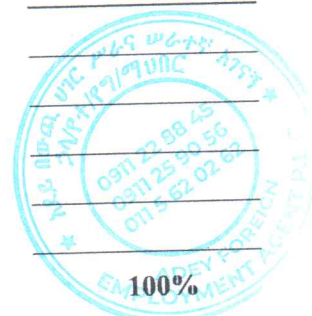
Agency Name: Adley Agency Agency Contact Name: Noway Telephone: 091280519

Destination Country: USA 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>Fanis Sermolo</u>	<u>Brother</u>	<u>100%</u>	<u>0939435208</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Keelija Sermolo

Signature: [Signature]

Date: 16-Apr-25