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Nyala Insurance S.C

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P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: AMINA Father's Name: HEDATO G. Father's Name: CHASE

Date of Birth: 10-FEB-87 Place of Birth: LOLEMBOSHA Passport Number: EP8091158 Gender: F

Address: - Region: _____ City: _____ Sub City: _____ Woreda: _____ Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: EFBWU 97748

Contact Person in case of Emergency: Name ABDULKADER KEDIR Telephone: _____

2. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name: _____ Telephone: _____

Destination Country: _____ Departure (Effective) Date: 2/1/25

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>ABDULKADER KEDIR</u>	<u>HUSBAND</u>	_____	<u>100%</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: AMINA Signature: [Signature] Date: 2/1/25