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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: IFTU Father's Name: OMER G. Father's Name: IBRAHIM

Date of Birth: 28-DEC-99 Place of Birth: DIRE DAWA Passport Number: EP8688921 Gender: FEMALE

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

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF11257792

Contact Person in case of Emergency: Name MOHAMMED AHMED Telephone: 09-39-17-25-33

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-47-36

Destination Country: UAE Departure (Effective) Date: 19-06-2025

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>MOHAMMED AHMED</u>	<u>HUSBAND</u>	<u>100%</u>	<u>09-39-17-25-33</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: IFTU amex Signature: [Signature] Date: 19-06-2025