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Nyalia Insurance S.C

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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: Megmuna Father's Name: Biru G. Father's Name: Furo
Date of Birth: 12-Sep-91 Place of Birth: Buho Passport Number: EP7734916 Gender: Female
Address: - Region: oromia City: Asela Sub City: Silasse Woreda: Tijo Kebele: H. No.:
Occupation: House maid Marital Status: Single Labor ID Number: EFWQB82068
Contact Person in case of Emergency: Name Biru Furo Telephone: 0924665754

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejma Telephone: 0972302010
Destination Country: Dubai 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>Biru Furo</u>	<u>Father</u>	<u>100%</u>	<u>0924665754</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: Megmuna Signature: [Signature] Date: 24-Dec-24