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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: FATUMA Father's Name: MOHAMUDU G. Father's Name: HUSSEN

Date of Birth: 28 JAN 88 Place of Birth: ARSI Passport Number: EP2515389 Gender: F

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

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name MOHAMUDO HUSSEN Telephone: 0903672022

2. Particulars of The Travel

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

Destination Country: _____ Departure (Effective) Date: 30/12/24

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>MOHAMUDO HUSSEN</u>	<u>FATHER</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: FATUMA Signature: [Signature] Date: 30/12/24