ኒያላ ኢንሹራንስ አ.ማ
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: FATUMA Father's Name: EDAO G. Father's Name: LANGANJO

Date of Birth: 25-Sep-99 Place of Birth: NegeleArsi Passport Number: EP6954138 Gender: Female

Address: - Region: Oromia City: Negele Arsi Sub City: Shasamane Woreda: Negele Arsi Kebele: 04 H. No.: New

Occupation: House Maid Marital Status: Single Labor ID Number: EF10872800

Contact Person in case of Emergency: Name Abdo Edao Telephone: 0921150256

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Wewoy Telephone: 0912809194

~~Destination Country:~~ Jordan ~~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.	ABDO	Brother	100%	0921150256
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 88 45 0911 25 90 56 011 5 62 02 62

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

Name of Life Assured: Fatuma Edao **Signature:** _____ **Date:** 7-Apr-25