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**Nyala Insurance S.C**

Tel: 251-116-626867, Fax: 251-116-626705  
Protection House, Miky Leland Street  
P.O. Box: 12753, Addis Ababa, Ethiopia  
e-mail: nisco@nyalainsurancesc.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

### Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: **KERIMA**

Father's Name: **JIBRIL**

G. Father's Name: **MUHAMMED**

Date of Birth:

Place of Birth:

Passport Number:

Gender:

Address: - Region: **OROMIA** City:

Sub City: **ARSI**

Woreda: **BALKE** Kebele:

II. No.:

Occupation: **HOUSE MAID**

Marital Status: **MARRIED**

Labor ID Number:

Contact Person in case of Emergency: Name **KHALID SALEH** Telephone: **0922432075**

### Particulars of The Travel

Agency Name: **DIKABA**

Agency Contact Name:

Telephone:

Destination Country: **U.A.E.**

Departure (Effective) Date:

### Beneficiary Information

Whereby 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

**KHALID SALEH**

**HUSBAND**

**100%**

Total

100%

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

Name of Life Assured: **KERIMA**

Signature: 

Date: **09/04/25**