ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, 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: SEADA Father's Name: AMIN G. Father's Name: HUSSEN.

Date of Birth: 14 DEC 86 Place of Birth: ARSI Passport Number: EP7184478 Gender: F

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

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number:

Contact Person in case of Emergency: Name MUAZ ABDULREZAK Telephone: 0922034092.

Particulars of The Travel

Agency Name: AIKAB Agency Contact Name: Telephone:

Destination Country: QATAR. Departure (Effective) Date:

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
MUAZ ABDULREZAK.	HUSBAND		100%
		Total	100%

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

Name of Life Assured: SEADA Signature: Date: 15/04/25