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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: Pahima Father	er's Name: <u>Bushura</u>	G. Father's N	Name: Geleso
Date of Birth: 19-100 - 90 Place of Birth	n: Kuni Passpe	ort Number: 89,216	3334 Gender: Female
Address: - Region: Oroma City: Shalv			
Occupation: House maid Mari	tal Status: Divorced	Labor ID Num	ber: <u>EF 11209204</u>
Contact Person in case of Emergency: Name	Anwar Chanese	Telephone: 091314	2114
2. Particulars of The Travel			
Agency Name: Adey Agency	Agency Contact Name	: Neway Te	lephone: <u>0912805194</u>
Destination Country: Otatar Departure (Effective) Date:			
3. Beneficiary Information			
I hereby assignee the policy benefits to the flo	wing beneficiaries. Polic	y benefit payments are su	bject required claim
documents, court order and liquidation report	attested by the court.		
Full Name	Relationship	Percentage Share	Address/Telephone
i. Fatuma Hussey	Grandmother	100%	Shashener 09721341
ii.	The Part of the A	E STORUNG 1384	-
iii.		S SK SS SS	A Mark Mark Comment
iv.		54 031725000 X a	C MITTER PROMITE
V.		3 00115 JE 8	
vi.	THE SALES	ADEVENT	
vii.		MPLOAM	
		Total	100%
Please attached copy of Passport and Kebele	ID to this form.		
Name of Life Assured: Rahima Busi	oura Signature:	Re Date:	19-5-2025