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Nyala Insurance S.

Tel: 251-116-626667, Fax: 251-116-62
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal For

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Kedija Father's Name: Abidukadir G. Father's Name: Kediro

Date of Birth: 03 DEC 88 Place of Birth: Bola buta ~~EP7616484~~ Passport Number: EP7616484 Gender: FEM

Address: - Region: Orania City: _____ Sub City: Adana Woreda: Dembela Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Single Labor ID Number: EF10605999

Contact Person in case of Emergency: Name Kemera Abidukadir Telephone: 0910221180

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277321

Destination Country: UAE 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.	<u>Kemera Abidukadir</u>	<u>Sister</u>	<u>100%</u>	<u>0910221180</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Kedija Signature: [Signature] Date: 24/04/25