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Nyala Insurance S.C

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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: RABIYA Father's Name: HAIJOLE G. Father's Name: EDO

Date of Birth: 11-Sep-93 Place of Birth: ARSI Passport Number: EP9306435 Gender: Female

Address: - Region: Oromia City: ARSI Sub City: Diksis Woreda: Karalanka Kebele: H. No.:

Occupation: House maid Marital Status: Divorced Labor ID Number:

Contact Person in case of Emergency: Name Jibril Hajole Telephone: 0939866451

2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>Jibril HAJOLE</u>	<u>Brother</u>	<u>100%</u>	<u>ARSI</u>
ii.	<u>Abdulkarim HAJOLE</u>	<u>Brother</u>	<u>100%</u>	<u>ARSI</u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%

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

Name of Life Assured: Rabita Hajole Signature: RA Date: 22-APR-25