



## ኒያላ ኢንሹራንስ አ-ማ Nyala Insurance S.C

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

Title: Mr./Ms./Mrs.  (As printed in the passport)  Name: SEADA Father's Name: MOHAMMED G. Father's Name: AL    Date of Birth: 23-007-91 Place of Birth: TIKURAN Passport Number: EP6510171 Gender: FEMALE  Address: - Region: AMHARA City: Sub City: WOLLO Woreda: TENTAKebele: H. No.:  Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF10208 625  Contact Person in case of Emergency: Name ABERE GASHO Telephone: 09-32-84-99-14  2. Particulars of The Travel  Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-47-36  Destination Country: UAE Departure (Effective) Date: 31-05-2025  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. APERE GASHO BROTHER 49-14 100%
Name: SEADA Father's Name: MOHAMMED G. Father's Name: AL    Date of Birth: 23-CCT-91 Place of Birth: TIKDRAN Passport Number: EP6510171 Gender: FCMALE  Address: - Region: AMHARA City: Sub City: WOLLO Woreda TENTAKebele: H. No.:  Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF10208 625  Contact Person in case of Emergency: Name ADERE GASHO Telephone: D9-32-84-99-14  2. Particulars of The Travel  Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: D9-11-28-47-36  Destination Country: UAE Departure (Effective) Date: 31-05-2025  3. Beneficiary Information  I hereby assignce 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. APERE GASHO BROTHER 100 CONTACT NAME: All 100 %
Date of Birth: 33-007-91 Place of Birth: TIKURAN Passport Number: £P6510171 Gender: £CMALE  Address: - Region: AMHARA City: Sub City: WOLLO Woreda (ENTAKebele: H. No.:  Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: £F10208625  Contact Person in case of Emergency: Name ABCRE GASHU Telephone: 09-32-84-99-14  2. Particulars of The Travel  Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-47-36  Destination Country: UAC Departure (Effective) Date: 31-05-2025  3. Beneficiary Information  I hereby assignce 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. APERE GASHU BROTHER PROP 32-84-99-14 100°/6
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Full Name Relationship Percentage Share Address/Telephone i. APEBE GASHU BROTHER 97-32-84-99-14 100%
i. APERE GASHU BROTHER = 100%
ii.
iii.
iv.
V.
vi.
vii.
Total 100%
Please attached copy of Passport and Kebele ID to this form.
Name of Life Assured: \$ 180 mm 1100 P Signature: The Date: 31-05-2035