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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: SEADA Father's Name: ABU G. Father's Name: JEWARA

Date of Birth: 26-OCT-97 Place of Birth: ARBA CHEFA Passport Number: EP6817107 Gender: FEMALE

Address: - Region: OROMIA City: \_\_\_\_\_ Sub City: ARSI Woreda: ZEWAY DUNDA Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF10961969

Contact Person in case of Emergency: Name ASHA KASIM Telephone: 09-51-13-25-75

### 2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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>ASHA KASIM</u>	<u>MOTHER</u>	<u>100 %</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: SEADA ABU Signature: [Signature] Date: 20-05-2025