



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

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: MUNIR Father's Name: SHAF G. Father's Name: ABIDU

Date of Birth: 30-OCT-88 Place of Birth: SHOA Passport Number: EQ2161361 Gender: FEMALE

Address: - Region: OROMIA City: WELLEGA Sub City: GUDEYA Woreda: BILA Kebele: H. No.:

Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number: EF11190280

Contact Person in case of Emergency: Name NUNO QASIM Telephone: 09-49-12-00-91

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: Telephone:

Destination Country: 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>NUNO QASIM</u>	<u>AUNT</u>	<u></u>	<u>09-47-12-00-91</u>
ii.	<u></u>	<u></u>	<u></u>	<u></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: munira shafi Signature: [Signature] Date: 12-5-2025