ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626703
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

(e.g: Mr./Ms./Mrs.
(printed in the passport)
Name: TOHIDA Father's Name: AHMED G. Father's Name: ABADURA.
Date of Birth: 12 SEP 89 Place of Birth: SHABE Passport Number: EQ2438942 Gender: F
Address: - Region: OROMIA City: _____ Sub City: JIMMA Woreda: SHABE Kebele: _____ H. No.: _____
Occupation: HOUSE MAID Marital Status: MARRIED. Labor ID Number: _____
Contact Person in case of Emergency: Name FATUMA NURI Telephone: 0917323496.

Particulars of The Travel

Agency Name: AIKABA Agency Contact Name: _____ Telephone: _____
Destination Country: _____ Departure (Effective) Date: _____

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
FATUMA NURI	MOTHER		100%
		Total	100%

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

Name of Life Assured: TOHIDA Signature: _____ Date: 16/04/25