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Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Kedija Father's Name: Amino G. Father's Name: Deko

Date of Birth: 28 nov 92 Place of Birth: TERO Passport Number: EP9019365 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Zuway dugda Woreda: Zuway dugda Kebele: _____ II. No.: _____

Occupation: Housemaid Marital Status: married Labor ID Number: EF10571395

Contact Person in case of Emergency: Name Ahmed Jewel Telephone: 0936389825

2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Bh/kuwait 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>Ahmed Jewel</u>	<u>Husband</u>	<u>100%</u>	<u>Zuway dugda</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Kedija Amino Signature: Kedija Date: 13-Aug-25