ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626700
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:

(Mr./Ms./Mrs.
(as printed in the passport)

Name: Neema Father's Name: Musa G. Father's Name: Husen

Date of Birth: 22-sep-92 Place of Birth: Arsi Passport Number: EP8466784 Gender: Female

Address: - Region: oromiya City: Sub City: Arsi Woreda: Hetosa Kebele: Lode H. No.:

Occupation: House maid Marital Status: single Labor ID Number:

Contact Person in case of Emergency: Name Muzemil musa Telephone: 0924171102

Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: Dubai Departure (Effective) Date: 3-Dec-24

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
Muzemil musa	Brother	100 %	0924171102
		Total	100%

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

Name of Life Assured: Nema musa Signature: [signature] Date: 3-Dec-24