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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: HABIBA Father's Name: SHEHU G. Father's Name: AHMED

Date of Birth: 14-mar-87 Place of Birth: KALIM Passport Number: EP8419196 Gender: Female

Address: - Region: Amara City: D/wollo Sub City: Bayanba Woreda: _____ Kebele: _____ II. No.: _____

Occupation: house maid Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name woyashet EYASU Telephone: 099115-3638

2. Particulars of The Travel

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

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>SHEHU AHMED</u> | <u>Father</u> | <u>100%</u> | <u>wollo 10942165395</u> |
| ii. | _____ | _____ | _____ | _____ |
| iii. | _____ | _____ | _____ | _____ |
| iv. | _____ | _____ | _____ | _____ |
| v. | _____ | _____ | _____ | _____ |
| vi. | _____ | _____ | _____ | _____ |
| vii. | _____ | _____ | _____ | _____ |
| | | | Total | 100% |

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

Name of Life Assured: HABIBA SHEHU Signature:  Date: 13-JULY-2024