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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: Siti08 Father's Name: Mohammed G. Father's Name: Abanor

Date of Birth: 22 Aug 86 Place of Birth: Jimma Passport Number: EA\474503 Gender: Female

Address: - Region: Oromia City: Jimma Sub City: Agaro Woreda: Sule Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: Housemade Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Hafiz Mohammed Telephone: 0979093001

### 2. Particulars of The Travel

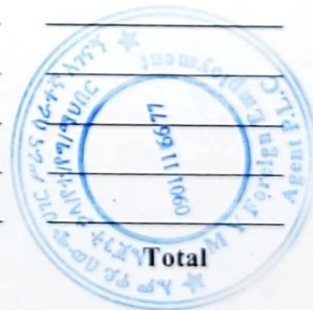
Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Braxay 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>Hafiz Mohammed</u>	<u>Child</u>	<u>50%</u>	<u>Agaro</u>
ii.	<u>Fahmi Mohamed</u>	<u>Child</u>	<u>50%</u>	
iii.				
iv.				
v.				
vi.				
vii.				
			<b>Total</b>	<b>100%</b>



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

Name of Life Assured: Siti08 Mohammed Signature: \_\_\_\_\_ Date: 7-APR-25