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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: Jemila Father's Name: Abajihad G. Father's Name: Ababuignu

Date of Birth: 17 Jul 02 Place of Birth: Kit Passport Number: EG1834195 Gender:

Address: - Region: Oromia City: Sub City: Jimma Woreda: Kersa Kebele: H. No.:

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

Contact Person in case of Emergency: Name Memina Ababie Telephone: 0921221016

2. Particulars of The Travel

Agency Name: Brica Agency Agency Contact Name: Gerehon Telephone:

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>Abdi Abajihad</u>	<u>100%</u>	<u>Brother</u>	<u>Jimma</u>
ii.	<u></u>	<u></u>	<u></u>	<u>0906271438</u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%

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

Name of Life Assured: Jemila Signature: Date: 27/01/25