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Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
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: Serkalem Father's Name: Lema G. Father's Name: Tesema

Date of Birth: 29-Apr-90 Place of Birth: Arssi Passport Number: EA2193492 Gender: Female

Address: - Region: Oromia City: Adama Sub City: Dara Ali Woreda: 09 Kebele: 03 H. No.: —

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

Contact Person in case of Emergency: Name Habtamu Fikadu Telephone: 09-30-68-37-37

2. Particulars of The Travel

Agency Name: Grey Agency Agency Contact Name: Neway Telephone: 0912805194

Destination Country: JORDAN 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>wogayehu Mstiku</u>	<u>Mother</u>	<u>60%</u>	<u>Adama/0933810993</u>
ii.	<u>Habtamu Fikadu</u>	<u>Husband</u>	<u>50%</u>	<u>Duram/0930683737</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: Serkalem Lema Signature: [Signature] Date: 8-Jul-2025