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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: KEDJA Father's Name: JIAMA G. Father's Name: AYANA

Date of Birth: 12-sep-87 Place of Birth: ADAMTULU Passport Number: EQ 2458464 Gender: Female

Address: - Region: Oromia City: E/SWA Sub City: ADAMIU Woreda: _____ Kebele: _____ H. No.: _____

Occupation: housemaid Marital Status: married Labor ID Number: EF1107709X

Contact Person in case of Emergency: Name ABDELLAH SEWU Telephone: 09 05327626

2. Particulars of The Travel

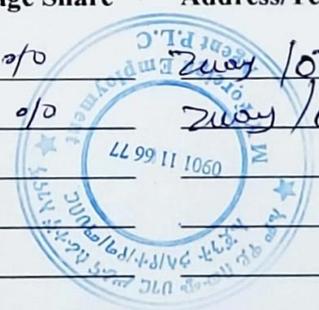
Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>Jebrel ABDellah</u>	<u>Son</u>	<u>50 %/0</u>	<u>Zway /0706327626</u>
ii.	<u>Sofia ABDellah</u>	<u>Daughter</u>	<u>50 %/0</u>	<u>Zway /0991077950</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: KEDJA JIAMA Signature: [Signature] Date: 24-4-2025