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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: Jemila Father's Name: Bediru G. Father's Name: Shikur

Date of Birth: 29 NOV 90 Place of Birth: GURAGE Passport Number: E91519000 Gender: Female

Address: - Region: Addis Ababa City: 5 KFA Sub City: Yeka Woreda: 02 Kebele: _____ H. No.: _____

Occupation: Housemade Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name Edris Muhammed Telephone: 0919107484

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>Edris Muhammed</u>	<u>Husband</u>	<u>100%</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				



100%

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

Name of Life Assured: Jemila Bediru Signature: [Signature] Date: 17 JUL 25