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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: Halima Father's Name: Kedr G. Father's Name: Muhammed

Date of Birth: 16-Aug-90 Place of Birth: Arssi Passport Number: CP8529855 Gender:

Address: - Region: Oromia City: Asela Sub City: Arssi Woreda: Kebele: H. No.:

Occupation: Housemaid Marital Status: Married Labor ID Number: EFIOX29011

Contact Person in case of Emergency: Name Amma kedr Telephone: 0962594222

2. Particulars of The Travel

Agency Name: BMG Agency Contact Name: Telephone:

Destination Country: 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>Mahda Hajumer</u>	<u>Mother</u>	<u>100%</u>	<u>0957063209</u>
ii.	<u></u>	<u></u>	<u></u>	<u></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: Halima kedr Signature:  Date: 7-Feb-25