ኒያላ ኢንሹራንስ አ.ማ
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

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Medna Father's Name: Aman G. Father's Name: Edeo

Date of Birth: 01-Jan-83 Place of Birth: Arsi Passport Number: EQ1008103 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Sagore Woreda: ____ Kebele: 01 H. No.: ____

Occupation: House maid Marital Status: Merried Labor ID Number: EFBJJ01213

Contact Person in case of Emergency: Name Kedir mohammed Telephone: 0928704024

Particulars of The Travel

Agency Name: Alkaba Agency Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: Dubai Departure (Effective) Date: 29-Nov-24

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.	Kedir mohammed	Husband	100 %	0928704024
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Medna Aman Signature: [signature] Date: 29-Nov-24