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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: Siti Father's Name: Abdo G. Father's Name: Mohammed

Date of Birth: 10 Jan 85 Place of Birth: Buhairra Passport Number: EA1386388 Gender: Female

Address: - Region: Oromia City: West Addis Sub City: Negale Woreda: Kiltu Kebele: dama H. No.:

Occupation: House made Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Nesredin Darsama Telephone: 0974178863

### 2. Particulars of The Travel

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

Destination Country: Qatar / 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>Sead Abdo</u>	<u>Brother</u>	<u>100%</u>	<u>0965390505</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>
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Siti Abdo Signature: [Signature] Date: 3-may-25