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Nyala Insurance S.C

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P.O. Box: 12753, Addis Ababa, Ethiopia

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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: HAJERA Father's Name: TEHA G. Father's Name: ALIYE

Date of Birth: 11-SEP-85 Place of Birth: DEDER Passport Number: EP9286984 Gender: FEMALE

Address: - Region: OROMIA City: _____ Sub City: HARAR Woreda: DADAR Rebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF10776680

Contact Person in case of Emergency: Name MARIYA TEHA Telephone: 09-73-64-66-36

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJWA Telephone: 09-72-30-20-10

Destination Country: DUBAI Departure (Effective) Date: 28-MAY-25

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>MARIYA TEHA</u>	<u>SISTER</u>	<u>100%</u>	<u>09-73-64-66-36</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: HAJERA

Signature: [Signature]

Date: 28-MAY-2025