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

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Rehima Father's Name: Muhameed G. Father's Name: Husen

Date of Birth: 31-Jan-88 Place of Birth: Kofele Passport Number: EP8829440 Gender: Female

Address: - Region: Oromia City: Kofele Sub City: _____ Woreda: ____ Kebele: ____ H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Abdulrezak Ayanu Telephone: 0911070124

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejma Telephone: 0972302010

Destination Country: Quater 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.	Abdulrezak Ayanu	husband	100 %	0911070124
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Rehima muhamed **Signature:** _____ **Date:** 2-Jan-25