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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: KEDJA Father's Name: MOHAMMED G. Father's Name: BUSHIRA

Date of Birth: 20 SEP 83 Place of Birth: WOLLO Passport Number: EP7296222 Gender: F

Address: - Region: OROMIA City: \_\_\_\_\_ Sub City: SHAGER Woreda: WALGAYO LAGIA BARI. Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name YIMER SEID Telephone: 0913404805

### 2. Particulars of The Travel

Agency Name: ALIKABA Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Destination Country: U.A.E 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>YIMER SEID</u> | <u>HUSBAND</u> | <u>100%</u>      | <u>100%</u>       |
| ii.  | _____             | _____          | _____            | _____             |
| iii. | _____             | _____          | _____            | _____             |
| iv.  | _____             | _____          | _____            | _____             |
| v.   | _____             | _____          | _____            | _____             |
| vi.  | _____             | _____          | _____            | _____             |
| vii. | _____             | _____          | _____            | _____             |
|      |                   |                | <b>Total</b>     | <b>100%</b>       |

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

Name of Life Assured: Kedja Signature: [Signature] Date: 14/10/25