



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: Roma Father's Name: Musen G. Father's Name: Sheko

Date of Birth: 1-Sep-2001 Place of Birth: Dirsis Passport Number: EP6976507 Gender: Female

Address: - Region: Gromia City: Arsi Sub City: Arsi Woreda: Asele Kebele: Dirsis H. No.: -

Occupation: Housemaid Marital Status: Single Labor ID Number:

Contact Person in case of Emergency: Name Sosye Dawud Telephone: 09-32-86-06-80

2. Particulars of The Travel

Agency Name: Aden Agency Agency Contact Name: Neway Telephone: 0912805194

Destination Country: Dubai 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>Naema Dawud</u>	<u>Mother</u>	<u>100%</u>	<u>0934866637</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>



100%

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

Name of Life Assured: Roma Musen Signature: Adomaa Date: 2-Aug-2025