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Nyala Insurance S.C
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Protection House, Miky Leland Street
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: Halima Father's Name: Husen G. Father's Name: Siraj

Date of Birth: 27/Jun/85 Place of Birth: Mollo Passport Number: EP88341053 Gender: FEMALE

Address: - Region: Amhara City: Desse Sub City: Ketela Woreda: Kellela Kebele: H. No.:

Occupation: House Maid Marital Status: Married Labor ID Number: EF10989731

Contact Person in case of Emergency: Name Jemal Mohammed Telephone: 0975447946

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

Destination Country: 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>Ali Siraj</u>	<u>Uncle</u>	<u>100%</u>	<u>0923442021</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>
			Total	100%

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

Name of Life Assured: Halima⁸ Husen Signature: [Signature] Date: 16/7/25