



## 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

Title: Mr./Ms./Mrs.  (As printed in the passport)  Name: REISA Father's Name: DEBELU G. Father's Name: TOLA  Date of Birth: 11-56P-93 Place of Birth: ARS1 Passport Number: EP9009563 Gender: FEMIL  Address: - Region: DRDM/A City: Sub City: ARS1 Woreda: RDBEKebele: H. No.:				
Agency Name: ALKABA Agency Contact Name: Nejema Telephone: 09-11-28-4  Destination Country: UAC Departure (Effective) Date: U-06-2025  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. RUGIYA AMMED MOTHER 100% 09-18-92-19-6  ii. iii. iv. v. vi.	1. Particulars of the Life Assured:			3
Date of Birth: 11-56P-93 Place of Birth: ARS1 Passport Number: EP9009563 Gender: PENT Address: - Region: ORDMIA City: Sub City: ARS1 Woreda: ROBE Kebele: H. No.:  Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF10846368  Contact Person in case of Emergency: Name RUQIYA AHMED Telephone: 09-18-92-79-64  2. Particulars of The Travel  Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-38-4  Destination Country: UAE Departure (Effective) Date: 11-06-2025  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. RUGIYA AMMED MOTHER 100% 09-18-93-79-6  ii. iii. iv. v. vi.	Title: Mr./Ms./Mrs.			
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Address: - Region: DRDMA City: Sub City: ARSI Woreda: RDRC Kebele: H. No.:  Occupation: HOVEMAID Marital Status: MARRIED Labor ID Number: EF10846268  Contact Person in case of Emergency: Name RVQIYA AHMED Telephone: 09-18-92-79-64  2. Particulars of The Travel  Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-4  Destination Country: UAC Departure (Effective) Date: 4-06-2025  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. RUQIYA AMMED MOTHER 100% 09-18-92-79-6  ii. iii. iv. v. vi.	Date of Birth: 11-56P-93 Place of Bir	th: ARSI Passp	ort Number: <u>EP9009</u>	563 Gender: FEMFILE
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ii				
iii. iv. v. vi.	i. RUDIYA AMMED	MOTHER	100%	09-18-92-79-64
iv				
v vi				1
vi.				
vii. Total 100%				*
			Total	100%
Please attached copy of Passport and Kebele ID to this form.				