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Nyala Insurance S.C

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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: SEFIYA Father's Name: MUHAMMED G. Father's Name: MUDE

Date of Birth: 11 SEP 86 Place of Birth: ARSI Passport Number: EP6749229 Gender: F

Address: - Region: OROMIA Sub City: ARSI Woreda: DODOLA Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name ABDULKERIM Telephone: 0919175819

2. Particulars of The Travel

Agency Name: ALKABA Agency Contact Name: _____ Telephone: _____

Destination Country: QATAR 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>ABDULKERIM MUHAM-</u>	<u>BROTHER</u>		<u>100%</u>
ii.	<u>MEN</u>			
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Sejiye Signature: [Signature] Date: 12/08/25