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Nyala Insurance

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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: Zara Father's Name: Abajihad G. Father's Name: Abafita

Date of Birth: 30/sep/98 Place of Birth: Defo kersu Passport Number: EQ2185442 Gender: F

Address: - Region: Oromia City: Seka che korsa Sub City: Jimma Woreda: Kebele: H. No.:

Occupation: House Maid Marital Status: Single Labor ID Number:

Contact Person in case of Emergency: Name Mohamed zein Telephone: 0917349994

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277

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>Mohammed sani</u>	<u>Brother</u>	<u>100%</u>	<u>096138358</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: Zara Abajihad Signature: [Signature] Date: 2/7/2025