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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: Aliya I Father's Name: Amana G. Father's Name: Amana

Date of Birth: 12-Sep-91 Place of Birth: Gjersa Passport Number: GP 7368192 Gender: female

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: Ado Kebele: 02 H. No.: new

Occupation: Housemaid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Tahir Hussein Telephone: 0925 37 35 65

2. Particulars of The Travel

Agency Name: Aden Agency Agency Contact Name: Noway Telephone: 0912083194

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>Tahir Hussein</u>	<u>Spouse</u>	<u>100%</u>	<u>0925 37 35 65</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Aliya Amana Signature: [Signature] Date: 2-june-25