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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: Ayanla Father's Name: Abdulkarim G. Father's Name: Abdulahman

Date of Birth: 11 sep 98 Place of Birth: Dire dawa Passport Number: SP8012896 Gender: female

Address: - Region: Dire dawa City: Dire dawa Sub City: Dire dawa Woreda: 08 Kebele: 02 H. No.:

Occupation: Housemaid Marital Status: Single Labor ID Number: SP10100083

Contact Person in case of Emergency: Name Abdulkarim Abdulahman Telephone: 0989919577

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Aseway Telephone: 0912805194

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>Nejat Abdulkarim</u>	<u>mother</u>	<u>50%</u>	<u>Dire dawa/0916428855</u>
ii.	<u>Abdulkarim Abdulahman</u>	<u>Father</u>	<u>50%</u>	<u>Dire dawa/0989919577</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:

Signature: [Signature]

Date: 28-Feb-2025