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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: Toyi ba Father's Name: Hussen G. Father's Name: Ebrahim

Date of Birth: 30-Nov-89 Place of Birth: worebaba Passport Number: EE1846513 Gender: Female

Address: - Region: Amhara City: S. Wollo Sub City: Wollo Woreda: worebaba Kebele: 013 H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EE11224303

Contact Person in case of Emergency: Name Serd Hussen Telephone: 0912784738

2. Particulars of The Travel

Agency Name: Adcy Agency Agency Contact Name: Neway Telephone: 0912805194

Destination Country: USA 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>Nuriyew Hussen</u>	<u>Brother</u>	<u>100%</u>	<u>Dessie/0933509217</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Toyi ba Hussen Signature: [Signature] Date: 21-May-25