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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626708  
Protection House, Miky Leland Street  
P.O. Box: 12753, Addis Ababa, Ethiopia  
e-mail: nisco@nyalainsurancesc.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

### Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: Mulat Father's Name: Teresa G. Father's Name: Bult

Date of Birth: 31, Jan-92 Place of Birth: Zway Passport Number: EP7784432 Gender: Female

Address: - Region: \_\_\_\_\_ City: \_\_\_\_\_ Sub City: \_\_\_\_\_ Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: Housemaid Marital Status: Married Labor ID Number: EP10081443

Contact Person in case of Emergency: Name Yiftu sira kelo Telephone: 0920628555

### Particulars of The Travel

Agency Name: \_\_\_\_\_ Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Destination Country: \_\_\_\_\_ Departure (Effective) Date: \_\_\_\_\_

### Beneficiary Information

I hereby assignee the policy benefits to the following 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>Yiftu sira kelo</u>	<u>Mother</u>	<u>100%</u>	<u>0920628555</u>
II. _____	_____	_____	_____
III. _____	_____	_____	_____
IV. _____	_____	_____	_____
V. _____	_____	_____	_____
VI. _____	_____	_____	_____
VII. _____	_____	_____	_____
Total			100%

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

Name of Life Assured: Mulat Teresa Signature: [Signature] Date: 25-Nov-24