



ኒያላ ኢንሹራንስ አ.ማ  
**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: Momina Father's Name: Sheno G. Father's Name: Dexemo

Date of Birth: 17-Jul-88 Place of Birth: Hallo Passport Number: EP7811885 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Zuwayda Woreda: Hallo Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: Housemade Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Kuma Fasim Telephone: 0922299911

### 2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Egypt 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>Sero leng'so</u> | <u>mother</u> | <u>100%</u>      | <u>Asella /0969462935</u> |
| ii.  | _____               | _____         | _____            | _____                     |
| iii. | _____               | _____         | _____            | _____                     |
| iv.  | _____               | _____         | _____            | _____                     |
| v.   | _____               | _____         | _____            | _____                     |
| vi.  | _____               | _____         | _____            | _____                     |
| vii. | _____               | _____         | _____            | _____                     |
|      |                     |               | <b>Total</b>     | <b>100%</b>               |



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

Name of Life Assured: momina Sheno Signature: [Signature] Date: 14-may-25