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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: Makda Father's Name: Berese G. Father's Name: Burka

Date of Birth: 10-Dec-86 Place of Birth: Arsi Passport Number: EQ1952698 Gender: female

Address: - Region: Oromia City: Shager Sub City: Legetafo Woreda: Tafo Kebele: 08 H. No.: New

Occupation: House maid Marital Status: Married Labor ID Number: EF11061449

Contact Person in case of Emergency: Name Yosef Mokenen Telephone: 0910500222

### 2. Particulars of The Travel

Agency Name: Adley Agency Agency Contact Name: Noway Telephone: 091280594

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>Yosef Mokenen</u>	<u>Spouse</u>	<u>100%-</u>	<u>0910500222</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: Makda Berese

Signature: [Signature]

Date: 19-May-25