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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: Muknesh Father's Name: Dejene G. Father's Name: Hegeese

Date of Birth: 23-may-83 Place of Birth: Adana Passport Number: AT115338 Gender: F

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

Occupation: House maid Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Berehan Dejene Telephone: 09120674184

### 2. Particulars of The Travel

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

Destination Country: \_\_\_\_\_ 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>Berehan Dejene</u>	<u>Sister</u>	<u>100%</u>	<u>Alem tena</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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: 12 Nov 24