



ኒላ አ.ንኲራንስ 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: Sefiya Father's Name: Ebrahim G. Father's Name: wako  
Date of Birth: 18/05/100 Place of Birth: Adaba Passport Number: EQ2086097 Gender: F  
Address: - Region: oromia City: Arsi Sub City: Adaba Woreda: Lejo Kebele: 2 H. No.: -  
Occupation: Housemaid Marital Status: Single Labor ID Number: GF1187010  
Contact Person in case of Emergency: Name Mekiya Telephone: 0910368000

### 2. Particulars of The Travel

Agency Name: Adley Agency Agency Contact Name: Neway Telephone: 0912805194  
Destination Country: Kuwait 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>Ebrahim wako</u>	<u>Father</u>	<u>100%</u>	<u>Arsi</u>
ii.	_____	_____	_____	<u>0910368000</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Sefiya Ebrahim Signature: [Signature] Date: 23-Jul-25