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**Nyala Insurance S.C**

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P.O. Box: 12753, Addis Ababa, Ethiopia

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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Shame Father's Name: Safse G. Father's Name: Dabelety

Date of Birth: 11-Sep-93 Place of Birth: Gogo Passport Number: E61937035 Gender: female

Address: - Region: Oromia City: West Shoa Sub City: West Shoa Woreda: 01 Kebele: - H. No.: New

Occupation: House maid Marital Status: Married Labor ID Number: E611005413

Contact Person in case of Emergency: Name Dejene Ersu Telephone: 0915674860

### 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway Telephone: 0912805144

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>Dejene Ersu</u>	<u>husband</u>	<u>100%</u>	<u>0915674860</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: Shame Safse Signature: [Signature] Date: 16-Apr-25