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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: MISRA Father's Name: ABDELA G. Father's Name: TEJI

Date of Birth: 10 APR 86 Place of Birth: BORU JAWI Passport Number: EP8136848 Gender: F

Address: - Region: OROMIA City: \_\_\_\_\_ Sub City: ARSI Woreda: SHEKA Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: MARRIED Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name ABDULRAHMAN JEMAL Telephone: 0922029533

### 2. Particulars of The Travel

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

Destination Country: \_\_\_\_\_ Departure (Effective) Date: 11/01/25

### 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>ABDULREHMAN JEMAL</u>	<u>HUSBAND</u>	<u>100%</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: \_\_\_\_\_