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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: Eyerusalem Father's Name: Eyob G. Father's Name: Giamo  
Date of Birth: 3-Jun-91 Place of Birth: Giamo Passport Number: E03412519 Gender: Female  
Address: - Region: South-E City: Giamo Sub City: Giamo Woreda: Arbaminch Kebele: 04 H. No.: New  
Occupation: House Maid Marital Status: Single Labor ID Number: EF1001259  
Contact Person in case of Emergency: Name Abreha Guntie Telephone: 09-12-89-35-23

### 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 09-12805894  
Destination Country: Jordan 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>Almaz God</u>	<u>Mother</u>	<u>50%</u>	<u>Arbaminch/0967977566</u>
ii.	<u>Abeneze Eyob</u>	<u>Brother</u>	<u>50%</u>	<u>A.A/0967977566</u>
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: Eyerusalem Eyob Signature: [Signature] Date: 4-Jul-25