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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: Tefaru Father's Name: Toba G. Father's Name: Diga

Date of Birth: 10-12-1990 Place of Birth: Sebeta Passport Number: 802835709 Gender: F

Address: - Region: Oromia City: Sheger Sub City: Furi Woreda: Sebeta Kebele: 13 H. No.: -

Occupation: House maid Marital Status: Single Labor ID Number: EF

Contact Person in case of Emergency: Name Bedasa Jima Telephone: 09-25-41-21-43

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Alway Telephone: 09-12-80-594

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>Bedase Jima</u>	<u>Uncle</u>	<u>100%</u>	<u>Sheger/09-25-41-21-43</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%



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

Name of Life Assured: Tefaru Toba Signature: [Signature] Date: 28-07-2025