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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: AYKEL Father's Name: KEBEDE G. Father's Name: ABEBE

Date of Birth: 09 FEB 87 Place of Birth: WELO Passport Number: EP9288728 Gender: F

Address: - Region: AMHARA City: _____ Sub City: WELO Woreda: JAMA Kebele H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name AHMED NEGATU Telephone: 0923811254

2. Particulars of The Travel

Agency Name: _____ Agency Contact Name: _____ Telephone: _____

Destination Country: _____ 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>AHMED NEGATU</u>	<u>BROTHER</u>	<u>100%</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: _____ Signature: _____ Date: 11/01/25