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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626766  
Protection House, Miky Leland Street  
P.O. Box: 12753, Addis Ababa, Ethiopia  
e-mail: [nisco@nyalainsurancesc.com](mailto:nisco@nyalainsurancesc.com)

## Foreign Employment Term Assurance (FETAP) Proposal Form

### Particulars of the Life Assured:

File: Mr./Ms./Mrs.

\* (printed in the passport)

NAME: BELAYNESH

Father's Name: JENBERG

G. Father's Name: WOLDEGEGBREL

Date of Birth: 21 MAR 89

Place of Birth: ABOTE

Passport Number: EQ2202034

Gender: F

Address: - Region: OROMIA

City:

Sub City: SHOA

Woreda **ABOTE** Kebele:

II. No.:

Occupation: HOUSE MAID

Marital Status: MARRIED

Labor ID Number:

Contact Person in case of Emergency: Name HIRCHA BEKSIKA

Telephone: 099494 4336

### Particulars of The Travel

Agency Name: ALICHA

Agency Contact Name:

Telephone:

Destination Country: UNE

Departure (Effective) Date:

### Beneficiary Information

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

ABERA BEKSIWA

BROTHER

100%

Total

100%

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

Name of Life Assured: Baroyanesh

Signature:

Date: 10/04/25