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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626796  
Protection House, Biki Leland Street  
P.O. Box: 12753, Addis Ababa, Ethiopia  
e-mail: niseo@nyalainurance.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Salish Father's Name: Kasv G. Father's Name: ፋቲ

Date of Birth: 29-Jan-88 Place of Birth: Wenji Passport Number: EP8945722 Gender: Female

Address: - Region: Oromia City: Adama Sub City: Adama Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: Haue Marital Status: divorced Labor ID Number: EF10542096

Contact Person in case of Emergency: Name wegatew Kasu Telephone: 0920366063

### 2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Bratar 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>wegatew Kasu</u>	<u>Sister</u>	<u>100%</u>	<u>0920366063</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: Salish Kasu Signature: [Signature] Date: 12-nov-24