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**Nyala Insurance S.C**

Tel: 251-116-626667, Fax: 251-116-626706  
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: Buza Father's Name: Bushura G. Father's Name: Daye

Date of Birth: 15-Oct-98 Place of Birth: Shala Passport Number: EQ249494 Gender: F

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: Shala Kebele: Habrakernsa H. No.: -

Occupation: Housemaid Marital Status: Single Labor ID Number: -

Contact Person in case of Emergency: Name Bushura Daye Telephone: 0953780010

### 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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>Bushura Daye</u>	<u>Father</u>	<u>100%</u>	<u>Arsi</u>
ii.				<u>0953780010</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: Buza Bushura Signature: Rf Date: 04/07/25