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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: Betelihem Father's Name: Girma G. Father's Name: Asefa

Date of Birth: 9 Jul 83 Place of Birth: Arsi Hunza Passport Number: EA 2154910 Gender: Female

Address: - Region: Addis Ababa City: Kirkos Sub City: Kirkos Woreda: 03 Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: Housemade Marital Status: married Labor ID Number: EF11103839

Contact Person in case of Emergency: Name Fischa Tefera Telephone: 0961655050

### 2. Particulars of The Travel

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

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>Henot manate</u>	<u>Child</u>	<u>50%</u>	<u>Huruta / 0978349300</u>
ii.	<u>Abenezer fitsum</u>	<u>Child</u>	<u>50%</u>	<u>Huruta</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: Betelihem Girma Signature: BG Date: 24-Jun-25