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Nyalala 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@nyalalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Emebet

Father's Name: Gilge G. Father's Name: Situm

Date of Birth: 20 Oct 89 Place of Birth: Sodo Passport Number: EA2502773 Gender: Female

Address: - Region: C/Ethiopia City: Elgura Sub City: Buee Woreda: _____ Kebele: _____ H. No.: _____

Occupation: Housemade Marital Status: married Labor ID Number: EF1172205

Contact Person in case of Emergency: Name Lijalem Gilge Telephone: 0914825425

2. Particulars of The Travel

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

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>Lijalem Gilge</u>	<u>Brother</u>	<u>100%</u>	<u>Buee/0914825425</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Emebet Gilge Signature: [Signature] Date: 30-June-25