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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: Belachesh Father's Name: Nuramo G. Father's Name: Erso

Date of Birth: 18 May 88 Place of Birth: ANA Passport Number: EP9088914 Gender: Female

Address: - Region: Cemera City: Hadiza Sub City: Anlemo Woreda: W/Anlemo Kebele: 0 H. No.:

Occupation: Housemade Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Samuel Tadile Telephone: 0910160532

### 2. Particulars of The Travel

Agency Name: M Y 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>Eden samuel</u>	<u>Child</u>	<u>100%</u>	<u>Hadiza</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Belachesh Nuramo Signature: [Signature] Date: 26-may-25