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**Nyala Insurance S.C**  
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P.O. Box: 12753, Addis Ababa, Ethiopia  
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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Tizita Father's Name: Fanta G. Father's Name: Fango

Date of Birth: 23-DEC-91 Place of Birth: Gamo Uofa Passport Number: EQ2182548 Gender: Female

Address: - Region: C/Ethiopia City: Albaminet Sub City: Chamochalka Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: Single Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Testaye Tadesse Telephone: 0920564118

### 2. Particulars of The Travel

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

Destination Country: USA 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>Fanta fango</u>	<u>father</u>	<u>100%</u>	<u>Albaminet/0910827880</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: Tizita fanta Signature: [Signature] Date: 12-5-2025