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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: Malya Father's Name: Teri G. Father's Name: Hasani

Date of Birth: 17 Feb-87 Place of Birth: Arssi Passport Number: EP8986420 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: Elitusa Kebele: July H. No.: New

Occupation: housemaid Marital Status: Married Labor ID Number: EP10888271

Contact Person in case of Emergency: Name Mohammed Neshu Telephone: 09 09 885770

### 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Norway Telephone: 09 12805104

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>Mohammed Neshu</u>	<u>Huband</u>		<u>0909885770/Arssi</u>
ii. <u>Teri Hasani</u>	<u>Father</u>		<u>09128891102/Wadezo</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: Malya Teri Signature: [Signature] Date: 4-Aug-25