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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: Selamawit Father's Name: Tekle G. Father's Name: zerfu

Date of Birth: 21 NOV 80 Place of Birth: shoa Passport Number: EP8069340 Gender: Female

Address: - Region: AA City: Yeka Sub City: Shoa Woreda: 02 Kebele: 01 H. No.: new

Occupation: Housemaid Marital Status: single Labor ID Number: EF10357839

Contact Person in case of Emergency: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

### 2. Particulars of The Travel

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

Destination Country: Gator 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>Atsele Tekle</u>	<u>sister</u>	<u>100%</u>	<u>0910546990</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: Selamawit Tekle Signature: [Signature] Date: 28/05/25