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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: Tigist Father's Name: Gerume G. Father's Name: Mana

Date of Birth: 18-Jan-95 Place of Birth: Wolayta Passport Number: EQ1358681 Gender: \_\_\_\_\_

Address: - Region: SNNPR City: \_\_\_\_\_ Sub City: Boloso Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_  
Sore

Occupation: Housemaid Marital Status: Divorced Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Merkebu Mesha Telephone: 0929495962

### 2. Particulars of The Travel

Agency Name: \_\_\_\_\_ Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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>Gerume Mana</u>	<u>Father</u>	<u>100%</u>	<u>0993207340</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: Tigist Signature: \_\_\_\_\_ Date: 27-Jan-25