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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: Zerefe Father's Name: Kubera G. Father's Name: Debele

Date of Birth: 11-Sep-86 Place of Birth: Jimma Passport Number: E101632604 Gender: Female

Address: - Region: Oromia City: Jimma Sub City: Jimma Woreda: Serbu Kebele: 08 H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10751458

Contact Person in case of Emergency: Name Mestewat Feyisa Telephone: 0917531623

### 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway Telephone: 0912805194

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>Sisay Tefere</u>	<u>Husband</u>	<u>100%</u>	<u>0954384085</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____



Total 100%

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

Name of Life Assured: Zerefe Signature: [Signature] Date: 13-Mar-25