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**Nyala Insurance S.C**

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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: Shega Father's Name: Abete G. Father's Name: Ereabo

Date of Birth: 25-Dec-98 Place of Birth: Soro Passport Number: EP7347664 Gender: Female

Address: - Region: Ethio City: Hogana Sub City: Soro Woreda: Soro Kebele: Sham H. No.: New

Occupation: House maid Marital Status: Single Labor ID Number: EF11041839

Contact Person in case of Emergency: Name Dana Malore Telephone: 0944343840

### 2. Particulars of The Travel

Agency Name: Aden 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>Dana Malore</u>	<u>Uncle</u>	<u>100%</u>	<u>094433840</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
Total			100%	

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

Name of Life Assured: Shega Abete Signature: [Signature] Date: 20-June-25