



ኒያላ ኢንሹራንስ አ.ማ  
**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: Halima Father's Name: Shafo G. Father's Name: Emato

Date of Birth: 15 Sep 97 Place of Birth: Demacheleko Passport Number: EP874242 Gender: P

Address: - Region: Oromia City: \_\_\_\_\_ Sub City: Arsi Woreda: Dadola Kebele: Cheiko H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Kasim Wuye Telephone: 0910393736

### 2. Particulars of The Travel

Agency Name: BMG Agency Agency Contact Name: Gedem 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>Shafo Emato</u>	<u>Father</u>	<u>100%</u>	<u>0910125414</u>
ii.	_____	_____	_____	<u>0910125414</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: Halima Signature: [Signature] Date: 08/09/25