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**Nyala Insurance S.C**  
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P.O. Box: 12753, Addis Ababa, Ethiopia  
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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Fatuma Father's Name: Mohammed G. Father's Name: Daud

Date of Birth: 20 May 97 Place of Birth: South Wollo Passport Number: EP 7948736 Gender: Female

Address: - Region: Amhara City: sluollo Sub City: Legambo Woreda: Legambo Kebele: 012 H. No.: \_\_\_\_\_

Occupation: Housemade Marital Status: Single Labor ID Number: EFIKL 03262

Contact Person in case of Emergency: Name Enderis Ahmed Telephone: 0910360328

### 2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Algeria 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>Mohammed Daud</u>	<u>Father</u>	<u>100%</u>	<u>Akista/0935590274</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: Fatuma Mohammed Signature: Cash Date: 13-Jun-25