



ኒሃላ 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: Kelela Father's Name: Abdisa G. Father's Name: Wakshum

Date of Birth: 20-Jan-93 Place of Birth: Ejere Passport Number: EA2462876 Gender: Female

Address: - Region: Oromia City: Bade Sub City: Ejere Woreda: Alim Kebele: 09 H. No.: -

Occupation: Housemaid Marital Status: Single Labor ID Number: EF11160467

Contact Person in case of Emergency: Name Zawude Negasa Telephone: 09-22-71-46-26

2. Particulars of The Travel

Agency Name: Aley Agency Agency Contact Name: Neway Telephone: 0912806194

Destination Country: Oman 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>Abdisa Wakshum</u>	<u>Father</u>	<u>100%</u>	<u>Ejere/0916884316</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Kelela Abdisa Signature: Kelela Date: 9-Jul-2025