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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: Bereu Father's Name: Ararsa G. Father's Name: Hurisa

Date of Birth: 12-04-88 Place of Birth: Metarobi Passport Number: EP7240246 Gender: Female

Address: - Region: Oromia City: Wolkite Sub City: Mezawelate Woreda: mande Kebele: 18 H. No.: \_\_\_\_\_

Occupation: housewife Marital Status: married Labor ID Number: EF1170223

Contact Person in case of Emergency: Name Abera Bedada Telephone: 0912852327

### 2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Arava 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>Sereje Ararsa</u>	<u>Brother</u>	<u>50%</u>	<u>Addis Ababa / 0911 934752</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: Bereu Ararsa Signature: [Signature] Date: 30-June-25