



ኒላ አ.ን.ፋ.ሪ.ን.ሰ.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: GENEME Father's Name: GEMECHU G. Father's Name: KEBETO

Date of Birth: 10 JUN 87 Place of Birth: ARSI Passport Number: 2P8714536 Gender: R

Address: - Region: OROMIA City: _____ Sub City: ARSI Woreda: KOFELE Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name QABETO TUBI Telephone: 0937326790

2. Particulars of The Travel

Agency Name: _____ Agency Contact Name: _____ Telephone: _____

Destination Country: _____ Departure (Effective) Date: 11/01/25

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>QABETO TUBI</u>	<u>HUSBAND</u>	<u>100%</u>	<u>100%</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: _____ Signature: _____ Date: _____