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**Nyala Insurance S.C**

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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: Birhane Father's Name: Abebe G. Father's Name: Hirpe

Date of Birth: 11 Jan 87 Place of Birth: Wonji Passport Number: EQ1032153 Gender: Female

Address: - Region: Oromia City: Adama Sub City: Wonji Woreda: Wonji Kebele: \_\_\_\_\_ II. No.: \_\_\_\_\_

Occupation: Housewife Marital Status: married Labor ID Number: EF10586549

Contact Person in case of Emergency: Name Osman bedru Telephone: 0922375180

### 2. Particulars of The Travel

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

Destination Country: Bratar 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>osman bedru</u>	<u>husband</u>	<u>100%</u>	<u>wonji</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: Birhane Abebe Signature: [Signature] Date: 22-Jan-25