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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: Wudnesh Father's Name: Erkebo G. Father's Name: Belo

Date of Birth: 19 Oct 89 Place of Birth: Dubenchu Passport Number: EP9251061 Gender: F

Address: - Region: Central City: Harar Sub City: Hadiya Woreda: Hosana Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Single Labor ID Number: EP10555193

Contact Person in case of Emergency: Name Kusen Zeyne Telephone: 09 84133136

2. Particulars of The Travel

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

Destination Country: _____ 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>Erkebo Belo</u>	<u>father</u>	<u>100%</u>	<u>09 54746173</u>
ii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
iii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
iv.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
v.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
vi.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
vii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
			Total	100%

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

Name of Life Assured: Wudnesh Signature: [Signature] Date: 11/04/25