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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: Marta Father's Name: Mengiste G. Father's Name: Retema

Date of Birth: 17 - Aug-84 Place of Birth: Addis Ababa Passport Number: FQ1269686 Gender: f

Address: - Region: Addis City: Ababa Sub City: Akaki Woreda: 03 Kebele:  H. No.:

Occupation: House maid Marital Status: M Labor ID Number: EF10984150

Contact Person in case of Emergency: Name Shimeles Kefyalew Telephone: 0913149112

### 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>Pobel Shimeles</u>	<u>Son</u>	<u>100%</u>	<u>0977 295452</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>
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Marta Signature: [Signature] Date: 26/5/25