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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: Hexma Father's Name: Kemelu G. Father's Name: Zerga

Date of Birth: 12-Sep-87 Place of Birth: Wolkite Passport Number: EP8461728 Gender: Female

Address: - Region: Addis Ababa City: Addis Ababa Sub City: Arada Woreda: 5 Kebele: 19 H. No.: 10/736/u

Occupation: House maid Marital Status: Married Labor ID Number: EFJNL26016

Contact Person in case of Emergency: Name Markos Meseret Telephone: 0961899977

### 2. Particulars of The Travel

Agency Name: Abay Agency Agency Contact Name: Nenay Telephone: 0912805194

Destination Country: Satar 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>Kemelu Zerga</u>	<u>Father</u>	<u>50%</u>	<u>Gurage/0902008304</u>
ii.	<u>Tena Dersha</u>	<u>Mother</u>	<u>50%</u>	<u>Gurage/0920617675</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____



Total

100%

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

Name of Life Assured: Hexma Kemelu Signature: Hexma Date: 25-4-25