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**Nyala Insurance S.C**

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P.O. Box: 12753, Addis Ababa, Ethiopia  
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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: ZEMZEM Father's Name: HDEMI G. Father's Name: GEMECKU

Date of Birth: 27-may-90 Place of Birth: ARSI Passport Number: EQ 1407634 Gender: Female

Address: - Region: oromia City: ARSI Sub City: Asefa Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: Housemaid Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Werkeneh DERBE Telephone: 0913230265

### 2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: UAE 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>Werkeneh DERBE</u>	<u>Brother</u>	<u>100%</u>	<u>ARSA / 0913230265</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: Zemzem Adem Signature: [Signature] Date: 25-4-2025