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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: Hawa Father's Name: Husein G. Father's Name: Genemo

Date of Birth: 28-mar-93 Place of Birth: Degata Passport Number: ED2759251 Gender: F

Address: - Region: Oromia City: Arsi Sub City: Shashamane Woreda: 1cor Kebele: Degata No.: -

Occupation: Housemaid Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Jemal Genemo Telephone: 0912941548

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Deway Telephone: 09128

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>Jemal Genemo</u>	<u>Husband</u>	<u>100%</u>	<u>Shashamane</u>
ii.	<u></u>	<u></u>	<u></u>	<u>0912941548</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: Hawa Husein Signature: [Signature] Date: 26-06-25