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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: Zegenuh Father's Name: Piassa G. Father's Name: ERKO

Date of Birth: 26 feb 78 Place of Birth: Addis Ababa Passport Number: EA1566522 Gender: Female

Address: - Region: Addis Ababa City: Addis Ketema Sub City: Addis Ketema Woreda: 13 Kebele: _____ H. No.: _____

Occupation: Housemade Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name Asefa Tefese Telephone: 091116456

2. Particulars of The Travel

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

Destination Country: Morocco 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>Abel Asefa</u>	<u>Child</u>	<u>40%</u>	<u>Addis Ababa 10954839257</u>
ii.	<u>Eden Asefa</u>	<u>Child</u>	<u>30%</u>	
iii.	<u>Hana Asefa</u>	<u>Child</u>	<u>30%</u>	
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Zegenuh Piassa Signature: [Signature] Date: 31-Jul-25