



## ኒያላ ኢንሹራንስ አ-ማ 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: <u>Seramawit</u> Fo	ather's Name:	G. Father	's Name: Mengegra
Date of Birth: 8- Jun-86 Place of B	Birth: Aldrs Abaka Pas	ssport Number: <u>£9</u> 27	69699 Gender: Female
Address: - Region: Oromia City: Ala	uma Sub City: Goro	Woreda: 18 Keb	ele: <u>5</u> H. No.: <u>69</u> 182
Occupation: House mail	larital Status: Marrico	Labor ID Nu	ımber: <u>E</u>
Contact Person in case of Emergency: Nam	ne Asnake Bekel	e Telephone: <u>69-34-</u>	88-01-99
2. Particulars of The Travel			
Agency Name: Aley Agency	Agency Contact Na	me: Neway	Telephone: <u>09-1270:919</u> 4
Destination Country: WAE	Departure (Effective	e) Date:	
3. Beneficiary Information			
I hereby assignee the policy benefits to the	flowing beneficiaries. Pol	icy henefit nayments are	Whiert required aloin
documents, court order and liquidation repo	ort attested by the court.	bey content payments me	subject required claim
Full Name	Relationship	Percentage Share	Address/Telephone
i. Asmare Bekele	Husband	100%	Adama 10934880199
ii			1000011
iii			
iv.		TAN ADENTOR OF	
v		1.5 29	
vi.		0 29 20 29 1160	
vii.		# St 88 th 180	
		Total al war a	100%
Please attached copy of Passport and Kebele	ID to this form.		
Name of Life Assured: Selamonit	Ignature:	Date:	9-Jun-2025