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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: Kenenesh Father's Name: Mideresa G. Father's Name: Damena

Date of Birth: 24-Dec-90 Place of Birth: Adama Passport Number: EP6936115 Gender: Female

Address: - Region: oromia City: Adama Sub City: Denkel Woreda: wenji Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: Housemade Marital Status: married Labor ID Number: EPFMS1015

Contact Person in case of Emergency: Name Mekisa Abdur Telephone: 0968104116

### 2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Bratay 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>Nzoi bedhaso</u>	<u>child</u>	<u>50%</u>	<u>wenji</u>
ii.	<u>Kosar bedhaso</u>	<u>child</u>	<u>50%</u>	<u>wenji</u>
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: Kenenesh midersa Signature: [Signature] Date: 31-mar-25