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: SENAYT Father's Name: TSEGAYE G. Father's Name: WODAJO

Date of Birth: 18-Jan-83 Place of Birth: ARSi Passport Number: EP8480577 Gender: Female

Address: - Region: Oromia City: ARSi Sub City: Lode-Hetosa Woreda: Kebele: H. No.:

Occupation: House maid Marital Status: married Labor ID Number: EF1107276

Contact Person in case of Emergency: Name Amaroch Zewude Telephone: 0924271866

2. Particulars of The Travel

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

Destination Country: Kuwait 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.	Tsion Zerihun	~~50%~~ Daughter	50 %	ARSi / 0905097149
ii.	Abel Zerihun	~~50%~~ Son	50 %	ARSi / 0905097149
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: SENAYT TSEGAYE Signature: Date: 24-6-2025