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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: Dessaiech Father's Name: Elefo G. Father's Name: Erga

Date of Birth: 16-Jul-91 Place of Birth: Adearo Passport Number: EG24 60978 Gender: Female

Address: - Region: S. Ethiopia City: Boditi Sub City: Wolayta Woreda: 1 Kebele: Center H. No.: —

Occupation: Housemaid Marital Status: married Labor ID Number: —

Contact Person in case of Emergency: Name woide marcho Telephone: 0916290353

### 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809194

Destination Country: UAE 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>Desta Teshome</u>	<u>Husband</u>	<u>50%</u>	<u>Wolayta/0919651634</u>
ii.	<u>woide Marcho</u>	<u>Brother Nephew</u>	<u>50%</u>	<u>AA/0916290353</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>
			<b>Total</b>	<b>100%</b>



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

Name of Life Assured: Dessaiech Elefo Signature: [Signature] Date: 23-Apr-25