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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: DEGINESH Father's Name: DESALEGN G. Father's Name: ABEBE

Date of Birth: 11 SEP 92 Place of Birth: MORSITO Passport Number: EP7719164 Gender: F

Address: - Region: DEBUB City: \_\_\_\_\_ Sub City: HOSANA Woreda: MISHA Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name BIRUK DESALEGN Telephone: 0968211407

### 2. Particulars of The Travel

Agency Name: ALLKABA Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Destination Country: UAE Departure (Effective) Date: 13/01/25

### 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>BIRUK DESALEGN</u> | <u>BROTHER</u> | <u>100X</u>      |                   |
| ii.  |                       |                |                  |                   |
| 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: 8783 Signature: [Signature] Date: 13/01/25