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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: Desta Father's Name: Wakesso G. Father's Name: ODA

Date of Birth: 17 Jan 94 Place of Birth: Bajetello Passport Number: EA1046701 Gender: Female

Address: - Region: Oromia City: E/Shoa Sub City: Adama Woreda: Bate Gello Kebele:  H. No.:

Occupation: Housemade Marital Status: Divorced Labor ID Number:

Contact Person in case of Emergency: Name Mare Gudata Telephone: 0949972055

### 2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Brazil 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>Kenenisa Asefa</u>	<u>Child</u>	<u>700%</u>	<u>wenji/0931685456</u>
ii.	<u></u>	<u></u>	<u></u>	<u></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: Desta Wakesso Signature: [Signature] Date: 17-Jun-25