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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: Dassash Father's Name: Biferd G. Father's Name: Mengaw

Date of Birth: 27-Oct-92 Place of Birth: Wollo Passport Number: EA2913326 Gender: female

Address: - Region: Addis Ababa City: A.A Sub City: Sera Woreda: 06 Kebele: - H. No.: -

Occupation: Housemaid Marital Status: Single Labor ID Number: -

Contact Person in case of Emergency: Name Tsehay Tsegay Telephone: 09-37-76-94-28

2. Particulars of The Travel

Agency Name: Aley 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>Tsehay Tsegay</u>	<u>Aunt</u>	<u>100%</u>	<u>A.A 0937769428</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Dassash Biferd Signature: DW Date: 11-Jun-2025