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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: DESSU Father's Name: Shumi G. Father's Name: Teila

Date of Birth: 11-sep-92 Place of Birth: wenji Passport Number: EP9364851 Gender: Female

Address: - Region: OROMIA City: Adama Sub City: Bake Shener Woreda: Averji Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: Housemade Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Take megra Telephone: 097065 93 45

### 2. Particulars of The Travel

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

Destination Country: Algeria 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>Take megra</u>	<u>Husband</u>	<u>100%</u>	<u>Adama</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: DESSU Shumi Signature: [Signature] Date: 20/2/2025