



ኒያላ ኢንሹራንስ አ.ማ
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: Hirut Father's Name: Desalegn G. Father's Name: Dinesaw

Date of Birth: 15-mar-91 Place of Birth: Metehara Passport Number: EQ1408151 Gender: Female

Address: - Region: W/Ethiopia City: Halaba Sub City: Kulito Woreda: Zodechame Kebele: _____ H. No.: _____

Occupation: Housemada Marital Status: Divorced Labor ID Number: _____

Contact Person in case of Emergency: Name Desalegn Dinesaw Telephone: 0943370674

2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: Italy 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>Desalegn Dinesaw</u>	<u>father</u>	<u>100%</u>	<u>Halaba</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Hirut Desalegn Signature: Hirut Date: 5-feb-25