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Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: ASEGEDECH Father's Name: DEJENE G. Father's Name: DESA

Date of Birth: 12 SEP 95 Place of Birth: CHENCH Passport Number: EQ1529554 Gender: F

Address: - Region: DEBUB City: _____ Sub City: GAMBO Woreda: KOCHETA Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name ASMERA SHUTE Telephone: 0937763877

2. Particulars of The Travel

Agency Name: ALKABA Agency Contact Name: _____ Telephone: _____

Destination Country: U.K.E 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.	ASMA <u>ASMERA SHUTE</u>	<u>HUSBAND</u>	_____	<u>100%</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: ASEGEDECH Signature: [Signature] Date: 28/07/25