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: Eyenesh Father's Name: Desalegn G. Father's Name: Adela

Date of Birth: 11-Sep-93 Place of Birth: Kerara Passport Number: EF7499909 Gender: Female

Address: - Region: Oromia City: Shashamane Sub City: Kerara Woreda: 18 Kebele: Felicha H. No.: –

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

Contact Person in case of Emergency: Name Kasech Belachew Telephone: 0936531511

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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.	Kasech Belachew	Mother	50%	Shashamane | 0936531511
ii.	Abatu Desalegn	Brother	50%	Shashamane | 0907792799
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Eyenesh Desalegn **Signature:** _____ **Date:** 10-Apr-25