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

Date of Birth: 11-SEP-93 Place of Birth: Yerara Passport Number: EF7493909 Gender: Female

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

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

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

2. Particulars of The Travel

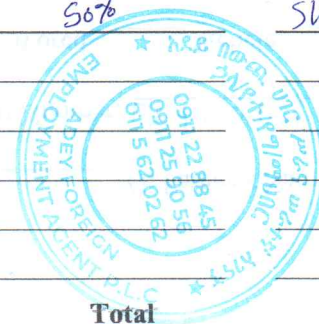
Agency Name: Adey Agency Agency Contact Name: Nway Telephone: 0912809194

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>Kasch Belachew</u>	<u>Mother</u>	<u>50%</u>	<u>Shashamane / 0936531511</u>
ii.	<u>Abatu Desalegn</u>	<u>Brother</u>	<u>50%</u>	<u>Shashamane / 0907792799</u>
iii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
iv.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
v.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
vi.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
vii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
			Total	100%



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

Name of Life Assured: Etenesh Desalegn Signature: [Signature] Date: 10-APR-25