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Nyala Insurance S.C

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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: Alfiza Father's Name: Ali G. Father's Name: Mama

Date of Birth: 12-SEP-91 Place of Birth: Hula Arba Passport Number: EP7479012 Gender: Female

Address: - Region: Dromia City: Arsi Sub City: Aseila Woreda: _____ Kebele: _____ H. No.: _____

Occupation: House made Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name Million Ali Telephone: 090715532630

2. Particulars of The Travel

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

Destination Country: Aratar 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>mimi Abdi</u>	<u>mother</u>	<u>100%</u>	<u>Aseila/0973585897</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Alfiza Ali Signature: [Signature] Date: 20-DEC-24