



ኒያላ ኢንሹራንስ አ.ማ

**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: አረሃ Father's Name: ታደሰ G. Father's Name: አርገሙ

Date of Birth: 27/01/21 Place of Birth: \_\_\_\_\_ Passport Number: EP 6765638 Gender: \_\_\_\_\_

Address: - Region: አዲስ አበባ City: \_\_\_\_\_ Sub City: አርባ Woreda: ወ/ክ/ክ/ቤ Kebele: ጸ/ጸ H. No.: \_\_\_\_\_

Occupation: የጥገና ሰራተኛ Marital Status: \_\_\_\_\_ Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name ዘህንዲ ደረገ Telephone: 09 68-48-26-61

### 2. Particulars of The Travel

Agency Name: ኢትዮ ሳይንስ Agency Contact Name: አብነት Telephone: 09-11-28-47-36

Destination Country: \_\_\_\_\_ Departure (Effective) Date: 6/7/25

### 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>ዘህንዲ ደረገ: አዳል</u>	<u>ጥሪ</u>	<u>100%</u>	<u>09-68-48-26-61</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Biraanee Tashoom Signature: [Signature] Date: \_\_\_\_\_