ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626708
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: ሙሐዲ Father's Name: ጀማል G. Father's Name: መሃመድ

Date of Birth: Place of Birth: Passport Number: Gender: ወንድ

Address: - Region: ኦሮሚያ City: Sub City: ቂሊንጦ Woreda: 08 Kebele: H. No.:

Occupation: የግል ሥራ ተቋራጭ Marital Status: ያገባ Labor ID Number:

Contact Person in case of Emergency: Name አብዱልከሪም ሰዒድ Telephone: 0937110425

Particulars of The Travel

Agency Name: ፕሮሞሽን ኦፊሰርስ Agency Contact Name: Telephone:

Destination Country: Dubai Departure (Effective) Date: 1/10/2024

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
አብዱልከሪም ሰዒድ	ጓደኛ	100%	0937110425
	Total		100%

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

Name of Life Assured: ሙሐዲ ጀማል Signature: Date: 1/10/2024