



## 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

Trial as as as			
Title: Mr./Ms./Mrs.			
(As printed in the passport)	7'	G, Father's	Name: Irall
	ther's Name: Jil		
Date of Birth: 20 mar 87 Place of Bi	rth: Sho2 Passp	ort Number: E P308	2743 Gender: Female
Address: - Region: Oromi 2 City: Gu	mbidgub City: Catte don	JaWoreda: Caffe Kebe	le: 1:40 2/217 II. No.:
Occupation: Housemade Ma			
Contact Person in case of Emergency: Nam	Dereie mebrek	u Telephone: 09148	196256
2. Particulars of The Travel			
Agency Name: M Y AGENCY	Agency Contact Nam	e: Merima ALI Teleph	none: 0901116677
Destination Country: Blatar	Departure (Effective) I	Date:	_
3. Beneficiary Information			
I hereby assignee the policy benefits to the	flowing beneficiaries. Policy	cy benefit payments are s	ubject required claim
documents, court order and liquidation repo	ort attested by the court.		
documents, court order and liquidation repo	rt attested by the court.  Relationship	Percentage Share	Address/Telephone
		Percentage Share	
Full Name	Relationship		
i. Himot Terrete ii. Nardos Jerrete iii.	Relationship  Shift d  Land	50%	- Gumbi Chu/09345832
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i. Himot Terrese ii. Nardos Jerrese iii.	Relationship  Shift d  Land	50% 0	Gumbi Chu/09345837
Full Name  i. Himot Terrese  ii. Nardos Jerrese  iii. iv.  v.  vi.	Relationship  Shift d  Land	50%	Gumbi Chu/09345837
i. Himot Terrese ii. Nardos Jerrese iii.	Relationship  Shift d  Land	50% 50% 50%	Gumbi Chu/09345837
Full Name  i. Hiutot Terrese ii. Nardos Jerrese iii. iv. v. vi. vii.	Relationship  Child  Lhild	50% 50% 50%	Gumbi Chu/09345832
Full Name  i. Himot Terrese  ii. Nardos Jerrese  iii. iv.  v.  vi.	Relationship  Child  Lhild	50% 0	Gumbi Chu/09345837