



ኒሃላ 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: Zirge Father's Name: Tico G. Father's Name: Khob

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

Address: - Region: Amhara City: Deba Sub City: Yimma Woreda: Yimma Kebele: 28 II. No.: _____

Occupation: qabach Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name Adama Aden Telephone: 091351853

Particulars of The Travel

Agency Name: Zam Zed Agency Contact Name: _____ Telephone: _____

Destination Country: QATAR Departure (Effective) Date: 6/11/2022

Beneficiary Information

I hereby assignee the policy benefits to the following 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>Adama Aden</u>	<u>husband</u>	<u>100%</u>	<u>091351853</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
Total			100%	

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

Name of Life Assured: Zirge Signature: [Signature] Date: 6/11/2022