



## 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

Title: Mr./Ms./Mrs.			
(As printed in the passport)			
Name: Nige	Father's Name: Neg	G. Father	s Name: Box
Date of Birth: 20 OC+ 97 Place			
Address: - Region: South Ethiop:	Sub City: 100 lay	Woreda: Keb	ele: H. No.:
Occupation: House maid			
Contact Person in case of Emergency:			
2. Particulars of The Travel		136	
Agency Name: B M G Foreign Employme	ent Agency Agency Contact Nar	ne: <b>GETAHUN</b> 7	Telephone: 0911277320
			-
Destination Country:UAE			
Destination Country: UAE  3. Beneficiary Information	Departure (Effective	) Date:	Name to the second seco
Destination Country: UAE  3. Beneficiary Information hereby assignee the policy benefits to	Departure (Effective	) Date:	Name to the second seco
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Destination Country: UAE  3. Beneficiary Information hereby assignee the policy benefits to	Departure (Effective	) Date:	ubject required claim
Destination Country: UAE  3. Beneficiary Information hereby assignee the policy benefits to documents, court order and liquidation Full Name	Departure (Effective the flowing beneficiaries. Poli- report attested by the court.  Relationship	Open Date:	subject required claim  Address/Telephone
Destination Country: UAE  3. Beneficiary Information hereby assignee the policy benefits to locuments, court order and liquidation Full Name	Departure (Effective the flowing beneficiaries. Police report attested by the court.  Relationship  Brotner	Open Date:	ubject required claim
Destination Country: UAE  3. Beneficiary Information  hereby assignee the policy benefits to locuments, court order and liquidation  Full Name  i. IShak Wega	Departure (Effective the flowing beneficiaries. Police report attested by the court.  Relationship  Brotner	Open Date:	subject required claim  Address/Telephone
Destination Country: UAE  3. Beneficiary Information hereby assignee the policy benefits to locuments, court order and liquidation  Full Name  i. 1Shak wega  ii.	Departure (Effective the flowing beneficiaries. Police report attested by the court.  Relationship  Brotner	Open Date:	subject required claim  Address/Telephone
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