

## 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: SEHRY Father's Name: DINKLO G. Father's Name: RECARS Date of Birth: 28 May 90 Place of Birth: SHOA Passport Number: P266-325.9 Gender: Region: Occupation: Move Maio Marital Status: MARRISO Labor ID Number: Contact Person in case of Emergency: Name ABSTI Telephone: G934316414,  2. Particulars of The Travel Agency Name: Alcaba Agency Contact Name: Telephone: Departure (Effective) Date:  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. ABSTI DINKLO BROTHER  ii. iii. iii. Total 100%	1. Particulars of the Life Assured:			
Address: - Region: OPOMINCity: Sub City: BISHOF (Woreda: AD) AKebele: H. No.:  Occupation: HOUSE HOLD Marital Status: HARRISO. Labor ID Number:  Contact Person in case of Emergency: Name ABSTI Telephone: G974716414,  2. Particulars of The Travel  Agency Name: Alcaba Agency Contact Name: Telephone:  Destination Country: Opportune (Effective) Date:  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. ABSTI DILLE BROTHER LOCATION OF TOTAL 100%	(As printed in the passport)'  Name: TSEHAY  Father			
Occupation: HOUSEMBLO Marital Status: HARRICO Labor ID Number:  Contact Person in case of Emergency: Name ABSTI Telephone: 69242164(4,  2. Particulars of The Travel  Agency Name: AllCABA Agency Contact Name: Telephone:  Destination Country: Departure (Effective) Date:  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. ABSTI DINKU BROTHER LOOK  ii	Date of Birth: 28 NOV 90 Place of Birth	:_SHOA_ Passpo	rt Number: EP 766 3	25.9 Gender: 1
Occupation: HOUSEMAID Marital Status: HARRISO. Labor ID Number:  Contact Person in case of Emergency: Name ABSTI Telephone: 6974764(4),  2. Particulars of The Travel  Agency Name: AllCABA Agency Contact Name: Telephone: Departure (Effective) Date:  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. ABSTI DINKU BROTHER LOOK.  ii. iii	Address: - Region: DOMINCity:	Sub City: BISHOFT	Woreda: A AKebele	:: H. No.:
Contact Person in case of Emergency: Name ABSTT Telephone: G974716414,  2. Particulars of The Travel  Agency Name: Alcaba Agency Contact Name:				
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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. ABSTI DIKKU  ii				
Full Name   Relationship   Percentage Share   Address/Telephone	3. Beneficiary Information			
i. ABSTI DINKU BROTHER   100/ ii.			benefit payments are su	bject required claim
ii. iii. iv. v. vi. vii.  Total  100%	Full Name	Relationship	Percentage Share	Address/Telephone
iii. iv. v. vi. vii. Total 100%		BROTHER		100/
iv. v. vi. vii.  Total  100%				
vi				-
vii. Total 100%				
Total 100%		-		
Discount and account and Vahala ID to this form	VII.		Total	100%
	CD and IV-lake	ID to this form		*
Please attached copy of Passport and Kebele ID to this form.  Name of Life Assured: Tschoo Signature Date: 79/05/25		A	Date:	79/05/25