



ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: አሠገር Father's Name: አገረ G. Father's Name: አገረ

Date of Birth: 0805 92 Place of Birth: DURAM Passport Number: 6606953 Gender: Male

Address: - Region: BOLE City: _____ Sub City: ADOLA Woreda: ADOLA Kebele: _____ H. No.: _____

Occupation: POST OFF Marital Status: SINGLE Labor ID Number: _____

Contact Person in case of Emergency: Name አሠገር Telephone: 0910946797

2. Particulars of The Travel

Agency Name: አሠገር Agency Contact Name: አሠገር Telephone: _____

Destination Country: QATAR Departure (Effective) Date: 14/08/2020

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.	<u>አሠገር</u>	<u>Spouse</u>	<u>100%</u>	<u>0910946797</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: አሠገር Signature: [Signature] Date: 14/08/2020