



Nyala Insurance S.C.

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Foreign Employment Term Assurance (FETAP) Proposal Form

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1. Particulars of the Life Assured:	: the employer may		OF STREET
Title: Mr./Ms./Mrs.			to bright-balls away at minutes
Name: 400 : a			HANNEY COLD THE STATE OF THE STATE OF
Name: LODIS	Father's Name:	SISAY GEN	er's Name: WONDIM
Address: - Region: DR 21110000	of Birth: Calaoun	Passant N. J. Marie	SName: WONDIM
Address: - Region: OROMINCity:	Sub City: C	10A Woreda COR	48528 Gender: R
Occupation: House MAID	Marital Status:	MMCa) 5	
Contact Person in case of Emergency: 1	Name ANDESOL	o nations exercise avec de goivenn	Bearing as
Contact Person in case of Emergency: 1 2. Particulars of The Travel	MESFEN.	Telephone: 09	66453723
Agency Name: ALKABA.	Agency Contac	t Name:alada blood bre	Telephone:
Destination Country: QUINR	Departure (Effe	ctive) Date:	A STATE OF THE PARTY OF T
3. Beneficiary Information			THE RESIDENCE AND THE
hereby assignee the policy benefits to the documents, court order and liquidation re-	he flowing beneficiarian	native function leaves 2	subject required claim
Full Name	Relationship	Percentage Share	Application of the party of the state of the
ANBESAW MESFEN.	Chica		Address/Telephone
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IV.	Sittly Classical Section Course	Well addollary II	A STATE OF THE PARTY OF THE PAR
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lease attached copy of Passport and Kebel		rustla lange tua	
ame of Life Assured: Adis 5.75	15		
my In making (Construction)	Signature:	Date:	24/07/29
		100000 100000 100000 100000	Carlo de Mariano