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Nyala Insurance S.C

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P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: TEKELECH Father's Name: HAILE MARIAM G. Father's Name: KEBEDE

Date of Birth: 12 FEB 89 Place of Birth: SIANO FUBOMURE Passport Number: EP 9322609 Gender: _____

Address: - Region: DARU City: _____ Sub City: HAWASHA Woreda: DUY Kebele H. No.: _____
enna

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

Contact Person in case of Emergency: Name _____ Telephone: _____

2. Particulars of The Travel

Agency Name: _____ 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.	<u>HAILE MARIAM KEBEDE</u>	<u>FATHER</u>	_____	<u>100%</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: _____ Signature: [Signature] Date: 14/01/23