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Nyala Insurance S.C

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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: Zubeyda Father's Name: Seid G. Father's Name: Omer

Date of Birth: 11-sep-92 Place of Birth: Tode Passport Number: EP9389675 Gender: Female
Temeda

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

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

Contact Person in case of Emergency: Name Musefa Seid Telephone: 0901843591

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>Musefa Seid</u>	<u>Brother</u>	<u>100 %</u>	<u>0901843591</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: _____ Date: _____