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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: ገብረ Father's Name: ደብረ G. Father's Name: ገብረ

Date of Birth: 11 Sep 91 Place of Birth: ሙሥራ Passport Number: EO1480028 Gender: ♂

Address: - Region: ፖሎኒያ City: ወረዳ Sub City: ወረዳ Woreda: ወረዳ Kebele: ወረዳ H. No.: ወረዳ

Occupation: ገብረ Marital Status: ገብረ Labor ID Number: ወረዳ

Contact Person in case of Emergency: Name ገብረ Telephone: 0913434932

2. Particulars of The Travel

Agency Name: ገብረ Agency Contact Name: ገብረ Telephone: 0942602822

Destination Country: QATAR Departure (Effective) Date: 28/01/2024

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>ገብረ</u> | <u>ገብረ</u> | <u>100%</u> | <u>0913434932</u> |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| vii. | | | | |
| | | | Total | 100% |

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

Name of Life Assured: ገብረ Signature: ገብረ Date: 28/01/2024