



ኒያላ ኢንሹራንስ አ.ማ  
**Nyala Insurance S.C**

Tel: 251-116-626667, Fax: 251-116-626706  
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: አታላሁር Father's Name: አባላ G. Father's Name: አጋ

Date of Birth: 17 JUL 88 Place of Birth: WALRETA Passport Number: EP6373572 Gender: ♂

Address: - Region: አማራ City: ወ/ከተማ Sub City: አዲስ Woreda: አ Kebele: አ H. No.: አ

Occupation: የጋራ ሰራተኛ Marital Status: ተጋለጥ Labor ID Number: EF10818602

Contact Person in case of Emergency: Name አባላ ሀገራ Telephone: 0910 731771

### 2. Particulars of The Travel

Agency Name: ካሊኒ Agency Contact Name: አባላ Telephone: አ

Destination Country: አገር Departure (Effective) Date: አ

### 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>አባላ ሀገራ</u>	<u>እህት</u>	<u>100%</u>	<u>0910371771</u>
II.				
III.				
IV.				
V.				
VI.				
VII.				
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: አታላሁር ሀገራ Signature: አ Date: አ