



ኒላ አ.ንፔራንስ አ.ማ
Nyala Insurance S.C

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Protection House, Miky Leland Street
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: አረ Father's Name: ገሰ G. Father's Name: አርታ

Date of Birth: _____ Place of Birth: _____ Passport Number: _____ Gender: _____

Address: - Region: አዋጽ City: _____ Sub City: ዓፄ ለገሰ Woreda: _____ Kebele: አዳ H. No.: _____

Occupation: የሰው ሀብት Marital Status: ጸገኛ Labor ID Number: _____

Contact Person in case of Emergency: Name ገሰ አርታ Telephone: 0942604609

2. Particulars of The Travel

Agency Name: ገሰ አርታ Agency Contact Name: _____ Telephone: _____

Destination Country: Dubai Departure (Effective) Date: 23/10/2021

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>ገሰ አርታ</u>	<u>ገሰ</u>	<u>100%</u>	<u>0942604609</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: አረ Signature: ፈ Date: 23/10/2021