



ኒላ አ.ን.ሮ.ሪ.ን.አ.ማ
Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(Printed in the passport)

Name: Racet Father's Name: ገዳሪ G. Father's Name: ገዳሪ

Date of Birth: 11 Sep 90 Place of Birth: የቀበሌ Passport Number: 9184170 Gender: ጾታ

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

Occupation: ግብርና Marital Status: ግልጽ Labor ID Number: ግልጽ

Contact Person in case of Emergency: Name ገዳሪ Telephone: 0941 1763 94

Particulars of The Travel

Agency Name: ገዳሪ Agency Contact Name: ገዳሪ Telephone: ገዳሪ

Destination Country: Duba Departure (Effective) Date: 23/09/22

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>ገዳሪ</u>	<u>ግብርና</u>	<u>100%</u>	<u>0941176394</u>
II.				
III.				
IV.				
V.				
VI.				
VII.				
VIII.				
			Total	100%

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

Name of Life Assured: Racet Signature: ገዳሪ Date: 23/09/22