



ኒያላ ኢንሹራንስ አ-ማ Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-62676 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: Jenson	Father's Name:		Historia in contrario di del min
Date of Dist of The Language o	e Kingdom:	G. Father	r's Name: Admas
Date of Birth: 27- Apr. 90 Place of	Birth: Golam P	assport Number: 622	075861 Gender: 10
Address: - Region: Ambara City:	ojan Sub City: Debre	hed Woreda L. Val	The little of
Occupations 0	4	Tou Worda. Kuje Kel	bele: OL H. No.:
Occupation: House maid	Marital Status: 1 Com	Labor ID N	umber:€\$1121966
Contact Person in case of Emergency: Na	ame Ayele About	neh Telephone:	TUGGELL.
2. Particulars of The Travel	A Payment No.	and as Date:	11-00-1
Specification in the Emidenical			
Agency Name: Aden Agence	Agency Contact N	ame: Noway	Telephone: 0912903
Destination Country: Qatan	Departure (Effective	(e) Data:	479
3. Beneficiary Information	A 180 CHIPTON	Residence Hall Di	TO EOPITIMS
5. Beneficiary information			
I hereby assignee the policy benefits to the	e flowing beneficiaries. Po	licy benefit payments are	cubiact raquin d alain
documents, court order and liquidation rep	port attested by the court.	paymons are	subject required claim
Full Name			
HIGH SCHOOL	Relationship	Percentage Share	Address/Telephone
i. <u>Kerealem Temogen</u>	Mother	1001-	0932178891
ii. EEVIVE	Jean Marit	A Simus SINGLE.	100
iii.	CONTRACTOR OF THE CONTRACTOR O	(Notionality Ethienfa	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
IV.	Picko	THE PARTY OF THE P	16 6 8 8 6 ON
V	-		NT N
vi.			E 6 18 18 18 18 18 18 18 18 18 18 18 18 18
vii.		. Info@	Barrier St.
		Total	100%
Please attached copy of Passport and Kebel	e ID to this form		
		Appendig .	
Name of Life Assured:A	Signature:	Date:	4- fune - 2