



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: የተታ Father's Name: ደማ G. Father's Name: የተታ

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

Address: - Region: አዲስ አበባ City: _____ Sub City: ሀገራዊ Woreda: ግ/ጋ Kebele: _____ H. No.: _____

Occupation: የግብርና ባለሙያ Marital Status: ጽንሰ Labor ID Number: _____

Contact Person in case of Emergency: Name ወልደሰ ተታ Telephone: 0927387072

2. Particulars of The Travel

Agency Name: የተታ ንግድ Agency Contact Name: _____ Telephone: _____

Destination Country: ግ/ጋ Departure (Effective) Date: 15/10/2022

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>ወልደሰ ተታ</u>	<u>ግንባራ</u>	<u>100%</u>	<u>0927387072</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: የተታ Signature: የተታ Date: 15/10/2022