



ኒላ ኢንሹራንስ 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

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: አባይ Father's Name: አባይ G. Father's Name: አባይ

Date of Birth: 19 FEB 83 Place of Birth: አዲስ አበባ Passport Number: EE7493626 Gender: ♂

Address: - Region: አ/አ City: አ/አ Sub City: አ/አ Woreda: አ/አ Kebele: አ/አ H. No.: አ/አ

Occupation: የፖስታ ኃላፊ Marital Status: ተጋባዥ Labor ID Number:

Contact Person in case of Emergency: Name አባይ Telephone: 0910206632

2. Particulars of The Travel

Agency Name: አ/አ Agency Contact Name: አ/አ Telephone: 0912908888

Destination Country: ብሔራዊ Departure (Effective) Date:

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>አባይ</u>	<u>አ/አ</u>	<u>100%</u>	<u>0910206632</u>
ii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
iii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
iv.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
v.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
vi.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
vii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
			Total	100%

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

Name of Life Assured: አባይ Signature: አ/አ Date: