



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

Date of Birth: 26 APR 90 Place of Birth: ARSI Passport Number: EPR210/822 Gender: MA

Address: - Region: አዋጃ City: _____ Sub City: አዳ Woreda: _____ Kebele: _____ H. No.: _____

Occupation: የሮፐላንት Marital Status: ያለ Labor ID Number: የተ 50622793

Contact Person in case of Emergency: Name አባይ አባይ Telephone: 0966.772573

2. Particulars of The Travel

Agency Name: ካክራ Agency Contact Name: አባይ Telephone: _____

Destination Country: ታይ 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 አባይ</u>	<u>ገብጾ</u>	<u>100%</u>	_____
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: ሀዳ አባይ Signature: ## Date: _____