

Particulars of the Life Assured:



ኒያላ ኢንሹራንስ አ-ማ Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626768 Protection House, Miky Leland Street P.O. Box: 12753, Addis Ababa, Ethiopia e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

ne: MASA	Father's Name: 97	G. Father's	Name: 718
of Birth: 2 sep al Place	of Birth: AJAJE EJERE Pa	ssport Number: 2681	354 Gender:
ress: - Region: SeoneCity:	Sub City: 09170	Woreda: Josh TKebe	ele:H. No.:
upation: 9007 Hat?	Marital Status: 9775	Labor ID Nu	mber:
tact Person in case of Emergency: 1	Name JAN CMA	Telephone: 0919	224625
Particulars of The Travel			
ncy Name: 7841	Agency Contact N	ame: T	Celephone:
10.			
ination Country: Dub ev	Departure (Effective	ve) Date: 25 104 20	5
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Beneficiary Information	the flowing beneficiaries. Po	-	subject required claim
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Beneficiary Information eby assignee the policy benefits to ments, court order and liquidation Full Name	the flowing beneficiaries. Por report attested by the court. Relationship	olicy benefit payments are s Percentage Share	subject required claim
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