



ኒያላ ኢንሰራንስ አ.ማ  
**Nyala Insurance S.C**

Tel: 251-116-62667; Fax: 251-116-626708  
Protection House, Miky Leland Street  
P.O. Box: 1275 Addis Ababa, Ethiopia  
e-mail: nisco@nyalainsurancesc.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

### Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

As printed in the passport)

Name: ገሰነ Father's Name: ገሰነ G. Father's Name: ገሰነ

Date of Birth: 70 Place of Birth:                      Passport Number:                      Gender: ጸ

Address: - Region: ጌሮሮ City:                      Sub City: ገሰነ Woreda: ፋፋ Kebele:                      H. No.:                     

Occupation: ፋብሪካ Marital Status: ያለ Labor ID Number:                     

Contact Person in case of Emergency: Name ገሰነ ገሰነ Telephone: 0942362071

### Particulars of The Travel

Agency Name: ገሰነ ገሰነ Agency Contact Name: ገሰነ Telephone:                     

Destination Country:                      Departure (Effective) Date: 19/02/2022

### Beneficiary Information

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>ገሰነ ገሰነ</u>	<u>ገሰነ</u>	<u>100%</u>	<u>0942362071</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: ገሰነ ገሰነ Signature:                      Date: 19/02/2022