



## ኒያላ ኢንሹራንስ አ-ማ Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626766 Protection House, Miky Leland Street P.O. Box: 12753, Addis Ababa, Ethiopia e-mall: nisco @nyalainsurancesc.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

Total 100%.  Father's Name: Parter's	Particulars of the Life Assured:	4			
Act of Birth: 20 Sep 86 Place of Birth: Holeto Passport Number: EP9074614 Gender: Female address: Region: 6100m.c. City: Holeto Sub City: Woreda: Kebele: II. No.: Pecupation: House mode Marital Status: Marined Labor ID Number: EF 10 339374 ontact Person in case of Emergency: Name Terafa Dad   Telephone: 9910912619  Particulars of The Travel Particulars of The Travel Particular of The Travel Person in case of Emergency: Name Departure (Effective) Date:  Beneficiary Information Person in Country: Dubal Departure (Effective) Date:  Beneficiary Information Percentage Share Address/Telephone Percentage Share Address/Telephone Person in Country: Pubal Departure (Effective) Date:  Full Name Relationship Percentage Share Address/Telephone Person in Country: Pubal Departure (Effective) Date:  Total 100% - Passport and Kebele ID to this form.	ale: Mr./Ms./Mrs.				
Agency Contact Name: Telephone: Departure (Effective) Date:  Beneficiary Information  Crown and Iquidation report attested by the court.  Full Name  Relationship  Relationship  Relationship  Percentage Share  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone	(* printed in the passport)				
Address: Region: 61000. City: HolefoSub City: Woreda: Kebele: II. No.:    Secupation: House made   Marital Status: Married   Labor ID Number: Ef 10 339374     Outliet Person in case of Emergency: Name   Terafa Dadi   Telephone: 0910912619     Particulars of The Travel	Belainesh F	ather's Name: Barek	G. Father'	s Name: Melyu	
Marital Status: Married Labor ID Number: EF 16 339374  ontact Person in case of Emergency: Name Terafa Dadi Telephone: 0910912019  Particulars of The Travel  sency Name: Allcaba Agency Contact Name: Telephone:	Aute of Birth: 20 Sep 86 Place of I	Birth: Holete Passp	ort Number: EP90	74614 Gender: Female	
Particulars of The Travel  gency Name: Allcaba Agency Contact Name: Telephone:	Adress: - Region: 60000 City: Ho	olete Sub City:	Woreda: Keb	ele:H. No.:	
Particulars of The Travel  gency Name: Allcaba Agency Contact Name: Telephone:	recupation: House maid M	Marital Status: Marne	Labor ID Nu	imber: EF 16 33 93 74	
Agency Contact Name: Telephone:  Departure (Effective) Date:  Beneficiary Information  Agency Contact Name: Telephone:  Beneficiary Information  Country: Pulbal Departure (Effective) Date:  Beneficiary Information  Country: Pulbal Departure (Effective) Date:  Full Name Relationship Percentage Share Address/Telephone  Country: Percenta	ontact Person in case of Emergency: Nat	me Terafa Dad	Telephone: 09	1091 2019	
Departure (Effective) Date:  3. Beneficiary Information  Departure (Effective) Date:  3. Beneficiary Information  Departure (Effective) Date:  Departure (Effective) Date:  Percentage Share Address/Telephone  Departure (Effective) Date:  Total 100%  Departure (Effective) Date:  Total 100%	Particulars of The Travel				
Beneficiary Information  Acreby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim accuments, court order and liquidation report attested by the court.  Full Name  Relationship  Percentage Share  Address/Telephone  Address/Telephone  Address/Telephone  Total  Total  100%  Percentage Share  Address/Telephone  Total  Total  Total  Total	ency Name: Allcaba	Agency Contact Name: Telephone:			
Full Name  Relationship  Percentage Share  Address/Telephone  Lusbano  100° /, 0910912519  Total  Total  Total  Total  Total  Total  Total  Total  Total  Relationship  Percentage Share subject required claim  Address/Telephone  Total  Total	Destination Country: Pubal	Departure (Effective) Date:			
Full Name Relationship Percentage Share Address/Telephone  Lusband 100 1, 0910912519  Total 100%  Total 100%	3. Beneficiary Information	Car make a party			
Full Name Relationship Percentage Share Address/Telephone husbane (00%), 0910912519  Total 100%  Total 100%	hereby assignee the policy benefits to the	e flowing beneficiaries. Policy	y benefit payments are	subject required claim	
husbane (00°), 0910912519  Total 100%  Pease attached copy of Passport and Kebele ID to this form.	decuments, court order and liquidation rep	port attested by the court.			
Total 100%	Full Name	Relationship	Percentage Share	Address/Telephone	
Total 100%		husband	(005/,	0910912519	
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lease attached copy of Passport and Kebele ID to this form.	The state of the s				
			Total	100% *	
Signature: Date:	clease attached copy of Passport and Kebo	ele ID to this form.			
	xame of Life Assured:	Signature:	Date:		