ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626705
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: [illegible] Father's Name: [illegible] G. Father's Name: [illegible]

Date of Birth: 26 JUN 87 Place of Birth: TULUBOLO Passport Number: 8438321 Gender: ሴት

Address: - Region: ኦሮሚያ City: ____ Sub City: [illegible] Woreda: [illegible] Kebele: ____ H. No.: ____

Occupation: የቤት ሰራተኛ Marital Status: [illegible] Labor ID Number: ____

Contact Person in case of Emergency: Name [illegible] Telephone: 0923807448

2. **Particulars of The Travel**

Agency Name: [illegible] Agency Contact Name: [illegible] Telephone: [illegible]

Destination Country: [illegible] Departure (Effective) Date: 26/06/2024

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.	[illegible]	[illegible]	100%	ኦሮሚያ/0923807448
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: [illegible] **Signature:** [signature] **Date:** 26/06/2024