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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: ገላ Father's Name: ገላ G. Father's Name: ገላ

Date of Birth: 13 APR 91 Place of Birth: BATU Passport Number: FE125012 Gender: M

Address - Region: ገላ City: ገላ Sub City: BATU Woreda: ገላ Kebele: ገላ H. No.: ገላ

Occupation: ገላ Marital Status: ገላ Labor ID Number: FE10684346

Contact Person in case of Emergency: Name ገላ Telephone: 0945198094

2. Particulars of The Travel

Agency Name: ገላ Agency Contact Name: ገላ Telephone: 096163391

Destination Country: ገላ Departure (Effective) Date: ገላ

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>ገላ</u>	<u>ገላ</u>	<u>10%</u>	<u>0945198094</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: ገላ Signature: ገላ Date: ገላ