



## ኒያላ ኢንሹራንስ አ-ማ Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706 Protection nouse, wiky Leiana 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: <u>Netsaned</u>	rather's Name: Gran	ibero G. Father's	s Name: Hantuka
Date of Birth: 11 Sep 96 Place	of Birth: 12010-71-ta Pas	sport Number: EP901	6308 Gender: FEMAL
Address: - Region: SWNPR City:	Sub City: wow	Woreda: AVEKO	ele: H. No.:
Occupation: House maid	Marital Status: MON	ied Labor ID Nu	mber: EF 11151500
Contact Person in case of Emergency: N	Name <u>Gezahegn me</u>	Telephone: 096	9173114
2. Particulars of The Travel			
Agency Name: B M G Foreign Employmen	nt Agency Agency Contact Na	me: <b>GETAHUN</b>	Telephone: 0911277320
5 41 41 C	Departure (Effective	a) Dota:	
Destination Country: UAE	Departure (Effective	Date.	
3. Beneficiary Information	Departure (Effective	Date.	
3. Beneficiary Information hereby assignee the policy benefits to	the flowing beneficiaries. Pol		
3. Beneficiary Information	the flowing beneficiaries. Pol		
3. Beneficiary Information  hereby assignee the policy benefits to documents, court order and liquidation processing the second	the flowing beneficiaries. Pol report attested by the court.  Relationship	icy benefit payments are s  Percentage Share	subject required claim  Address/Telephone
3. Beneficiary Information  hereby assignee the policy benefits to documents, court order and liquidation at Full Name	the flowing beneficiaries. Pol report attested by the court.  Relationship	icy benefit payments are s  Percentage Share	subject required claim
3. Beneficiary Information  hereby assignee the policy benefits to documents, court order and liquidation in Full Name  i. Gezahegn megez	the flowing beneficiaries. Pol report attested by the court.  Relationship	icy benefit payments are s  Percentage Share	subject required claim  Address/Telephone
3. Beneficiary Information  hereby assignee the policy benefits to documents, court order and liquidation for the second	the flowing beneficiaries. Pol report attested by the court.  Relationship	icy benefit payments are s  Percentage Share	subject required claim  Address/Telephone
3. Beneficiary Information  hereby assignee the policy benefits to documents, court order and liquidation for the second	the flowing beneficiaries. Pol report attested by the court.  Relationship	icy benefit payments are s  Percentage Share	subject required claim  Address/Telephone
3. Beneficiary Information  hereby assignee the policy benefits to documents, court order and liquidation processing the second	the flowing beneficiaries. Pol report attested by the court.  Relationship	icy benefit payments are s  Percentage Share	subject required claim  Address/Telephone
3. Beneficiary Information  hereby assignee the policy benefits to documents, court order and liquidation processes.  Full Name  i. Gezahegn megezii. iii. iv. v.	the flowing beneficiaries. Pol report attested by the court.  Relationship	icy benefit payments are s  Percentage Share	subject required claim  Address/Telephone
3. Beneficiary Information  hereby assignee the policy benefits to documents, court order and liquidation process.  Full Name  i. Grezahegn megestii. iii. iv. v. vi.	the flowing beneficiaries. Pol report attested by the court.  Relationship	icy benefit payments are s  Percentage Share	subject required claim  Address/Telephone