

Particulars of the Life Assured:



## 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

Father's Name: The passport Number: Gender:    Date of Birth: Place of Birth: Passport Number: Gender:     Address: - Region: Accord City: Sub City: Accord Woreda:   Markebele: H. No.:     Occupation: Contact Person in case of Emergency: Name				
Name: Father's Name: May G. Father's Name: M	title: Mr./Ms./Mrs.			
Place of Birth: Place of Birth: Passport Number: Gender: Address: - Region: George City: Sub City: Gender: Moreda: Mor				
Address: - Region: Acey City: Sub City: Acey Woreda: Marital Status: Marital S	Name: Zow Fa	nther's Name: $\eta_{\Lambda}$	G. Father	r's Name: $26$
Agency Name: Talm Zalm Agency Contact Name: Percentage Share Address/Telephone  Full Name Relationship Percentage Share Address/Telephone  Full Name Relationship Percentage Share Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Total 100%				
2. Particulars of The Travel  Agency Name: Adm Agency Contact Name: By Telephone: Office 174  Destination Country: Departure (Effective) Date: 08 (04   200)  3. Beneficiary Information  Thereby 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  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Total 100%				
Agency Name: 7ahn 2000 Agency Contact Name: Rb Telephone: 0910170124  Destination Country: Departure (Effective) Date: 081031267  3. Beneficiary Information  Thereby 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  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Total 100%	Occupation: Pan day M	arital Status: 3/215	Labor ID N	lumber:
Agency Name: Admy Zoom Agency Contact Name: By Telephone: Outle 1944  Destination Country: Departure (Effective) Date: 08[04] Soon  Thereby 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  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Total 100%	Contact Person in case of Emergency: Nam	ne Tran mag	Telephone: <u>@91</u>	1840438
Destination Country: PLATAP Departure (Effective) Date: 08[04]361  3. Beneficiary Information  Thereby 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  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Total 100%				
3. Beneficiary Information  Thereby 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  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Total  Total  100%	Agency Name: Zalma Zoga	Agency Contact Name	e: <u>Pb</u>	Telephone: Oul 70174
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  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Address/Telephone  Total  Total  Total	Destination Country: TATAP	Departure (Effective)	Date: 08 (07 1 30)	1
Full Name Relationship Percentage Share Address/Telephone  I. Annana Maga 100 0911840435  ii. iii. iv. v. v. vi. vii.	3 Ranaficiary Information			
i. Znn 2nng 200 0911840439 ii. iii. iv. v. vi. vii.	3. Beneficiary information			
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iv, v, vi. vii.  Total 100%	hereby assignee the policy benefits to the documents, court order and liquidation repo	ort attested by the court.	*	
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Total 100%	Full Name  i. The single the policy benefits to the socuments, court order and liquidation report  Full Name  ii. The same ii.	Relationship  On Maco	Percentage Share	Address/Telephone
	Full Name  Full Name  i. The symmetry of the state of the	Relationship  On Maco	Percentage Share	Address/Telephone
Please attached conv of Passport and Kehele ID to this form	Full Name  i. Zan and liquidation report ii. iii. iiv. v.	Relationship  On Maco	Percentage Share	Address/Telephone
	Full Name  i. Zannang  ii. iii. iv.	Relationship  On Maco	Percentage Share	Address/Telephone
	Full Name  i. Zannang  ii. iii. iv.	Relationship  On 1000	Percentage Share	Address/Telephone