



ኒያላ ኢንሹራንስ አ.ማ  
**Nyala Insurance S.C**

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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: ጌደራ Father's Name: ዝንዳ G. Father's Name: ጌደራ

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: - Region: ጌደራ City: \_\_\_\_\_ Sub City: ጌደራ Woreda: ጌደራ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: የግል አሰሪ Marital Status: ያለገባ Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name ጌደራ ዝንዳ Telephone: 0911840438

### 2. Particulars of The Travel

Agency Name: ጌደራ ንግድ Agency Contact Name: ጌደራ Telephone: 0911840438

Destination Country: ግሪክ Departure (Effective) Date: 08/07/2021

### 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>ጌደራ ዝንዳ</u> | <u>ግሪክ</u>   | <u>100</u>       | <u>0911840438</u> |
| ii.  | _____          | _____        | _____            | _____             |
| iii. | _____          | _____        | _____            | _____             |
| iv.  | _____          | _____        | _____            | _____             |
| v.   | _____          | _____        | _____            | _____             |
| vi.  | _____          | _____        | _____            | _____             |
| vii. | _____          | _____        | _____            | _____             |
|      |                |              | <b>Total</b>     | <b>100%</b>       |

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

Name of Life Assured: ጌደራ ዝንዳ Signature: [Signature] Date: \_\_\_\_\_