



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: ዓጽ Father's Name: ወንጌል G. Father's Name: ሰብሐ
Date of Birth: 20 sep 94 Place of Birth: አዲስ አበባ Passport Number: EP6478134 Gender: ጾታ
Address: - Region: ፎረ City: _____ Sub City: ዓዲስ Woreda: ገረጽ Kebele: _____ H. No.: _____
Occupation: የፖሊስ Marital Status: ያለገብ Labor ID Number: FF11024161
Contact Person in case of Emergency: Name ወንጌል ሰብሐ Telephone: 0951021300

2. Particulars of The Travel

Agency Name: ገረጽ Agency Contact Name: _____ Telephone: _____
Destination Country: Dubai Departure (Effective) Date: 25/04/2025

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
<u>ወንጌል ሰብሐ</u>	<u>ጸጥ</u>	<u>100%</u>	<u>0951021300</u>
ii. _____	_____	_____	_____
iii. _____	_____	_____	_____
iv. _____	_____	_____	_____
v. _____	_____	_____	_____
vi. _____	_____	_____	_____
vii. _____	_____	_____	_____
Total			100%

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

Name of Life Assured: ዓጽ Signature: [Signature] Date: 25/04/2025