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Nyala Insurance S.C

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P.O. Box: 12753, Addis Ababa, Ethiopia

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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: ATSEDE Father's Name: TSEGAYE G. Father's Name: DEFERETU

Date of Birth: 17 JUN 86 Place of Birth: NORTH SHOWN Passport Number: EP9385647 Gender: F

Address: - Region: AMHARA City: _____ Sub City: NORTH SHOWN Woreda: _____ Kebele: _____ H. No.: _____

Occupation: _____ Marital Status: SINGLE Labor ID Number: _____

Contact Person in case of Emergency: Name WAGE TSEGAYE Telephone: 0910430286

2. Particulars of The Travel

Agency Name: ALKABA Agency Contact Name: _____ Telephone: _____

Destination Country: _____ Departure (Effective) Date: 10/01/25

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>WAGE TSEGAYE</u>	<u>Sister</u>	_____	<u>100X</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: _____ Signature: [Signature] Date: _____