ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-62670[illegible]
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: ብርቱካን Father's Name: ገልቻ G. Father's Name: ጎበና

Date of Birth: ________ Place of Birth: ________ Passport Number: ________ Gender: ሴት

Address: - Region: ኦሮሚያ City: ________ Sub City: [illegible] Woreda: [illegible] Kebele: ________ H. No.: ________

Occupation: የቤት ሰራተኛ Marital Status: ያላገባች Labor ID Number: ________

Contact Person in case of Emergency: Name ገልቻ ጎበና Telephone: 0922283634

2. Particulars of The Travel

Agency Name: [illegible] Agency Contact Name: [illegible] Telephone: ________

Destination Country: Dubei Departure (Effective) Date: 27/08/2024

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.	ገልቻ ጎበና	አባት	100%	0922283634
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Birtukan **Signature:** [signature] **Date:** ________