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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706
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: Assef Father's Name: Yon G. Father's Name: 7/Am/6808

Date of Birth: 12 Jun 28 Place of Birth: 116 Passport Number: 8889428 Gender: Male

Address: - Region: 22 City: Woreda Sub City: 05 Kebele: 05 H. No.: 05

Occupation: Teacher Marital Status: Married Labor ID Number: 0964287121

Contact Person in case of Emergency: Name Yon Telephone: 0964287121

2. Particulars of The Travel

Agency Name: Nyala Agency Contact Name: Yon Telephone: 0964287121

Destination Country: Kenya Departure (Effective) Date: 16/07/2024

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.	<u>Yon</u>	<u>Spouse</u>	<u>100%</u>	<u>0964287121</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Assef Signature: Yon Date: 16/07/2024