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Nyala Insurance S.C

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Protection House, Miky Leland Street
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: BAMLAK Father's Name: TESFAHUN G. Father's Name: TAYE

Date of Birth: 02 FEB 03 Place of Birth: EAST SHEWA Passport Number: 201291141 Gender: F

Address: - Region: OROMIA City: _____ Sub City: EL SHOA Woreda: BORRA Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name ROZA AMARE Telephone: 0913324570

2. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name: NAWOL Telephone: 0925696969

Destination Country: U.A.E Departure (Effective) Date: _____

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>ROZA AMARE</u>	<u>MOTHER</u>	_____	<u>100%</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Bamlak Tesfahun Signature: [Signature] Date: 3/06/28