



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: አረቦ Father's Name: ገገዖ G. Father's Name: ወጦ

Date of Birth: 13 FEB 88 Place of Birth: URDAWIJE Passport Number: EP6962780 Gender: ♂

Address: - Region: አዳማ City: ዐሣሣ Sub City: አዳማ Woreda: _____ Kebele: _____ H. No.: _____

Occupation: ፖስታል Marital Status: ግልጽ Labor ID Number: _____

Contact Person in case of Emergency: Name አረቦ አረቦ Telephone: 0912362400

2. Particulars of The Travel

Agency Name: ካክሳ Agency Contact Name: አኮራ Telephone: _____

Destination Country: አረብ 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>አረቦ አረቦ</u>	<u>ግልጽ</u>	<u>100%</u>	<u>0912362400</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: አረቦ ገገዖ Signature: _____ Date: _____