



ኒላ አ.ገ.ፋ.ገ.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

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: አረብ Father's Name: ገብረ G. Father's Name: ወገን

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

Address: - Region: አዲስ አበባ City: ወገን Sub City: አዲስ Woreda: Kebele: H. No.:

Occupation: የግል ሰራተኛ Marital Status: ጋራ Labor ID Number:

Contact Person in case of Emergency: Name አረብ ወገን Telephone: 0912362400

2. Particulars of The Travel

Agency Name: አዲስ Agency Contact Name: አረብ Telephone:

Destination Country: አዲስ 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>አረብ ወገን</u>	<u>ግልብ</u>	<u>100%</u>	<u>0912362400</u>
II.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
III.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
IV.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
V.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
VI.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
VII.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
			Total	100%

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

Name of Life Assured: አረብ ወገን Signature: Date: