



ኒያላ ኢንሹራንስ አ.ማ
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

I. Particulars of the Life Assured:

Title: Mr./Ms./Mrs. _____
(As printed in the passport)
Name: ገላገላ Father's Name: ሃይለማርያም G. Father's Name: አባነ
Date of Birth: _____ Place of Birth: _____ Passport Number: _____ Gender: _____
Address: - Region: ገላገላ City: _____ Sub City: አዲስአበባ Woreda: ደረጃ Kebele: _____ H. No.: _____
Occupation: ግብርናዊ Marital Status: ያለ Labor ID Number: _____
Contact Person in case of Emergency: Name አባነ ሃይለማርያም Telephone: 0923785045

II. Particulars of The Travel

Agency Name: ገላገላ ኢንሹራንስ Agency Contact Name: _____ Telephone: _____
Destination Country: Dubai Departure (Effective) Date: 29/10/2021

III. 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>አባነ ሃይለማርያም</u>	<u>ገብረ</u>	<u>100%</u>	<u>0923785045</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

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