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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: COCAIRI Father's Name: COGHI G. Father's Name: ALY

Date of Birth: _____ Place of Birth: _____ Passport Number: _____ Gender: _____

Address: - Region: BOLE City: _____ Sub City: OSIRI Woreda: 24 Kebele: _____ H. No.: _____

Occupation: QNT DATA Marital Status: 8275 Labor ID Number: _____

Contact Person in case of Emergency: Name LIH AOMM Telephone: 0962 0142 60

2. Particulars of The Travel

Agency Name: Yolm Zogri Agency Contact Name: _____ Telephone: _____

Destination Country: ORATA Departure (Effective) Date: 22/10/2024

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>LIH AOMM</u>	<u>QNT</u>	<u>100 %</u>	<u>0962 0142 60</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: _____