

1. Particulars of the Life Assured:



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

Title: Mr./Ms./Mrs.			
(As printed in the passport)	0	6 7 1 1	have been
	's Name: Ber'so		
Date of Birth: 15-00-01 Place of Birth: Avsi Passport Number: Correct Gender:			
Address: - Region: Nomico City: West Asi Sub City: Avsi Woreda: Woreda: No.:			
Occupation: house mald Marita			
Contact Person in case of Emergency: Name workanmed boil Telephone: 09/0950033			
2. Particulars of The Travel			
Agency Name: Agency Contact Name: Noway Telephone: 0912805194			
Destination Country: 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. Jeyme (có)	mother		Overniya 0986872580
ii	#3.1.	8	
iii.	4 700	10,00	
iv.	20000	THE WALL	
V	25.98	MEN	
vi		\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
vii.	1/40	- ENS/	
	1 900	Total	100%
Please attached copy of Passport and Kebele II) to this form		
A			
Name of Life Assured: to 2140 Beris	Signature:	Dat	te: 17-004-24