



ኒላ ኢንሰራንስ አ.ማ  
**Nyala Insurance S.C**

Tel: 251-116-626667, Fax: 251-116-626705  
Protection House, Miky Leland Street  
P.O. Box: 12759, 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: ደብረ Father's Name: ወ/አብነት G. Father's Name: አብ

Date of Birth: 12 FEB 92 Place of Birth: 21way Passport Number: EP9363088 Gender: ሴት

Address: - Region: አዲስ አበባ City: ቀን Sub City: ቀን Woreda: 06 Kebele: ቀን H. No.: ቀን

Occupation: የሥራ ሰሪ Marital Status: አወንታ Labor ID Number: EE

Contact Person in case of Emergency: Name 79ሰታ ተስታ Telephone: 09-24-42-43-31

### 2. Particulars of The Travel

Agency Name: ደብረ Agency Contact Name: አብነት Telephone: 09-75-69-8969

Destination Country: ኢትዮ Departure (Effective) Date: 19/1/24

### 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>79ሰታ ተስታ</u>	<u>የእናት ወንጀል</u>	<u>100%</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: 19/1/24