ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-[illegible]67, Fax: 251-[illegible]
Protection [illegible], Milky Lelane Street
P.O. Box [illegible] Addis Ababa, Ethiopia
e-mail: [illegible]@nyalainsurance.com

oreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Mr. Mrs.
(As stated in the passport)

Name: [illegible] Father's Name: [illegible] G. Father's Name: [illegible]

e. Birth: 29 DEC 87 Place of Birth: SHENO Passport Number: EB2028495 SHENO Gender: [illegible]

Region: [illegible] City: Sub City: [illegible] Woreda: 12 Kebele: H. No.:

ation: [illegible] Marital Status: [illegible] Labor ID Number:

Person in case of Emergency: Name [illegible] Telephone: 0910683265

Particulars of The Travel

Name: [illegible] Agency Contact Name: [illegible] Telephone:

nation Country: [illegible] Departure (Effective) Date:

Beneficiary Information

by assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim ments, court order and liquidation report attested by the court.

Full Name	Relationship	Percentage Share	Address/Telephone
[illegible]	[illegible]	100%	0910683265
		Total	**100%**

attached copy of Passport and Kebele ID to this form.

ame of Life Assured: [illegible] **Signature:** _____ **Date:** _____