



ኒሃላ 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

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

As printed in the passport)

Name: ገብረ Father's Name: አብ G. Father's Name: አብ

Date of Birth: 12/01/86 Place of Birth: አዲስ አበባ Passport Number: 362012 Gender: ሴት

Address: - Region: ሜሪ City: ዳላ Sub City: ገረ Woreda: Kebele: H. No.:

Occupation: የግል አገልግሎት Marital Status: ጋራ Labor ID Number:

Contact Person in case of Emergency: Name አብ አብ Telephone: 0974408444

2. Particulars of The Travel

Agency Name: ገብረ ገብረ Agency Contact Name: Telephone: 0911283847

Destination Country: Dubai Departure (Effective) Date: 31/05/2024

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>አብ አብ</u>	<u>ጋራ</u>	<u>100%</u>	<u>ሜሪ/0974408444</u>
ii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
iii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
iv.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
v.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
vi.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
vii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
			Total	100%

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

Name of Life Assured: ገብረ ገብረ Signature: ገብረ Date: 31/05/2024