



ኒላ አ.ፖራንስ አ.ማ
Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626705
Protection House, Miky Leland Street
P.O. Box: 12753, 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: ላዕልኒ Father's Name: ፋሽ G. Father's Name: ደንከላ

Date of Birth: 11 Sep 92 Place of Birth: KASHEPE Passport Number: 9203683 Gender: ሴት

Address: - Region: አማ City: Sub City: ዘጸ Woreda: ዱና Kebele: H. No.:

Occupation: ግብርናዊ Marital Status: ያለ Labor ID Number:

Contact Person in case of Emergency: Name ፋሽ ደንከላ Telephone: 0964388001

2. Particulars of The Travel

Agency Name: ፋሽ ደንከላ Agency Contact Name: Telephone:

Destination Country: ላዕልኒ Departure (Effective) Date: 24/08/2022

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>ፋሽ ደንከላ</u>	<u>ጥቅል</u>	<u>100%</u>	<u>0964388001</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: ላዕልኒ Signature: Date: 24/09/2022