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

**1. Particulars of the Life Assured:**

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: RAHEL Father's Name: TEKLE G. Father's Name: WOLDEEYESUS

Date of Birth: 21 DEC 94 Place of Birth: GURAGE Passport Number: EP8583470 Gender: F

Address: - Region: OROMIA City: _____ Sub City: SHAGER Woreda: 05 Kebele: _____ H. No.: _____

Occupation: HOUSEHOLD Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name LEYU GUTA Telephone: 0962696806

**2. Particulars of The Travel**

Agency Name: ALKOBO Agency Contact Name: _____ Telephone: _____

Destination Country: U.A.E 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. | LEYU GUTA | HUSBAND | | 100/ |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| vii. | | | | |
| | | | **Total** | **100%** |

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

**Name of Life Assured:** ራሔል ተክሉ **Signature:** ራሔል **Date:** 29/05/25