



ኒላ አ.ገሥት ራንሰ 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: በዓለ Father's Name: ገሰ G. Father's Name: ገሰ

Date of Birth: 24/01/95 Place of Birth: BOLA BOLA Passport Number: 6405934 Gender: Male

Address: - Region: ገዢ City: ባላ Sub City: ባላ Woreda: ገዢ Kebele: ገዢ H. No.: ገዢ

Occupation: ገዢ Marital Status: ገዢ Labor ID Number: ገዢ

Contact Person in case of Emergency: Name ገዢ ገዢ Telephone: 0968096011

2. Particulars of The Travel

Agency Name: ገዢ ገዢ Agency Contact Name: ገዢ Telephone: ገዢ

Destination Country: Dubai Departure (Effective) Date: 14/08/2021

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>ገዢ ገዢ</u>	<u>ገዢ</u>	<u>100</u>	<u>0968096011</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: ገዢ Signature: ገዢ Date: 14/08/2021