



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: አላት Father's Name: ሃርገዳ G. Father's Name: ሚገባ

Date of Birth: 12 Sep 91 Place of Birth: 1AJUBA Passport Number: 8416832 Gender: ከፊ

Address: - Region: ደቡብ City: ወላ Sub City: ወላ Woreda: ወላ Kebele: ወላ H. No.: ወላ

Occupation: የፖስት አሰሪ Marital Status: ያለ Labor ID Number: ወላ

Contact Person in case of Emergency: Name ሚገባ ሃርገዳ Telephone: 09116288967

### 2. Particulars of The Travel

Agency Name: ፖስት ኦፊስ Agency Contact Name: ሚገባ Telephone: 09116288967

Destination Country: Dubai Departure (Effective) Date: 30/07/2024

### 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>ሚገባ ሃርገዳ</u>	<u>ግንባታ</u>	<u>100%</u>	<u>09116288967</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: አላት Signature: ሚገባ Date: 30/07/2024