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Nyala Insurance S.C

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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: DIJE Father's Name: GUTEMA G. Father's Name: GEMECHU

Date of Birth: 22 NOV 90 Place of Birth: BAKO Passport Number: EQ1414694 Gender: F

Address: - Region: OROMIYA City: _____ Sub City: Ganda Woreda: Dhida Kebele: _____ H. No.: _____

Occupation: HOUSE MADI Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name KUMESHI GUTEMA Telephone: 09-35-02-78-71

2. Particulars of The Travel

Agency Name: Al kaBa Agency Contact Name: Amor Telephone: 0975696969

Destination Country: _____ 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.	<u>KUMESHI GUTEMA</u>	<u>Sestri</u>	<u>100%</u>	<u>09-65-48-82-20</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: _____ Signature: _____ Date: _____