



## 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. Partic					
Title: Mr./					
	in the passport) BeSh2	Father's Name:	Haji	G. Father's	Name: Hirpho
	4			W ( 127	2226 Gender: Ferr
Date of Bi	rth: 11-5eP-93 Place of	Birth: Lole Y	ZAR Passpor	Number: PF 14 4	CCQ Gender I
Address: -	Region: Oxomia City:	Arsi Sub City:	Digalusit	Woreda: Lole Kebel	c: H. No.:
0	n: Howemade	Marital Status:	married	Labor ID Nun	nber:
occupatio	n: Moserianc		1101	Talanhanar 08 02 3	2011137
Contact Po	erson in case of Emergency: Na	ame ESmall	14 O Manual	Telephone. O YOZ.	201421
2. Partic	culars of The Travel				
				M. AII Talash	one: 0901116677
A gangu N	ame: M.Y. AGENCY	Agency	Contact Name:	Merima ALI Teleph	one. Oroninoori
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	n Country: VAE   Kuu	The state of the s			
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