



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: አብነት Father's Name: አባ G. Father's Name: አባ

Date of Birth: 10 OCT 91 Place of Birth: EREE Passport Number: EP7784023 Gender: ሴት

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

Occupation: የጥገና Marital Status: ያለ Labor ID Number: EF 20365406

Contact Person in case of Emergency: Name አባ አባ Telephone: 0957971820

2. Particulars of The Travel

Agency Name: አባ Agency Contact Name: አባ Telephone: _____

Destination Country: ዳር Departure (Effective) Date: 16/04/2025

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>አባ አባ</u>	<u>ጥገና</u>	<u>100%</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%



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

Name of Life Assured: አባ አባ Signature: አባ Date: 16/04/2025