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: Tigist Father's Name: Lenejisa G. Father's Name: Gteeha

Date of Birth: 06-may-00 Place of Birth: Meketa Passport Number: EP6390656 Gender: F

Address: - Region: Oromia City: Bacheshaw Sub City: Meketa Woreda: ____ Kebele: ____ H. No.: ____

Occupation: House wife Marital Status: Single Labor ID Number: ____

Contact Person in case of Emergency: Name Yakob Tugusa Telephone: 0917065291

2. Particulars of The Travel

Agency Name: ____ Agency Contact Name: ____ Telephone: ____

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.	Yakob Tugusa	Relative	100%	Sebeta
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:** 31-Oct-24