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: MEKDES Father's Name: ASEFA G. Father's Name: DEGIFE

Date of Birth: 15 DEC 93 Place of Birth: ARBI Passport Number: EP7094916 Gender: F

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

Occupation: _____ Marital Status: ያገባች Labor ID Number: EF11194841

Contact Person in case of Emergency: Name [illegible] Telephone: 0991777662

2. **Particulars of The Travel**

Agency Name: _____ Agency Contact Name: ጌልገል Telephone: 0911234736

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.	[illegible]	እናት	100%	0991777662
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: _____