ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626765
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

tle: Mr./Ms./Mrs.

s printed in the passport)

ame: [illegible] Father's Name: [illegible] G. Father's Name: [illegible]

ate of Birth: 24 APR 93 Place of Birth: GETARA Passport Number: 7137155 Gender: [illegible]

ddress: - Region: [illegible] City: ______ Sub City: [illegible] Woreda: [illegible] Kebele: ______ H. No.: ______

ccupation: [illegible] Marital Status: [illegible] Labor ID Number: ______

ontact Person in case of Emergency: Name [illegible] Telephone: 0938389639

Particulars of The Travel

gency Name: [illegible] Agency Contact Name: ______ Telephone: ______

estination Country: Dubai Departure (Effective) Date: 27/09/2024

Beneficiary Information

hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim ocuments, court order and liquidation report attested by the court.

	Full Name	Relationship	Percentage Share	Address/Telephone
i.	[illegible]	[illegible]	100%	0938389639
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

ame of Life Assured: ______ **Signature:** [signature] **Date:** 27/09/2024