



ኒያላ ኢንሹራንስ አ.ማ

Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626705
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: ፖርት Father's Name: ወይዘሮ G. Father's Name: ዘንደር

Date of Birth: _____ Place of Birth: _____ Passport Number: _____ Gender: _____

Address: - Region: አማራ City: _____ Sub City: ዓዲ አበበ Woreda: አዲስ አበባ Kebele: _____ H. No.: _____

Occupation: የፖስት አገልግሎት Marital Status: ያለ Labor ID Number: _____

Contact Person in case of Emergency: Name ወይዘሮ ወይዘሮ Telephone: 0910550970

2. Particulars of The Travel

Agency Name: የወይዘሮ ወይዘሮ Agency Contact Name: _____ Telephone: _____

Destination Country: Dubai Departure (Effective) Date: 4/11/2024

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>ወይዘሮ ወይዘሮ</u>	<u>ወይዘሮ</u>	<u>100%</u>	<u>0910550970</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%-

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

Name of Life Assured: ፖርት Signature: [Signature] Date: 04/11/2024