

1. Particulars of the Life Assured:



## 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

Title: Mr./Ms./Mrs.			
(As printed in the passport)			
Name: 7977 Fat	her's Name:n	G. Father	's Name:
Date of Birth: Place of Bi			
Address: - Region: City:	Sub City: Ud)	Woreda: Keb	ele: H. No.:
Occupation: You aut Ma	rital Status:Sm	Labor ID Nu	imber: Ef Jorry 801
Contact Person in case of Emergency: Name			
2. Particulars of The Travel			
Agency Name:	Agency Contact N	lame: & Ha	Telephone:
Destination Country: 50c		ve) Date:	
3. Beneficiary Information			
I hereby assignee the policy benefits to the fl	owing beneficiaries. Po	olicy benefit payments are s	subject required claim
documents, court order and liquidation report	attested by the court.		
Full Name	Relationship	Percentage Share	Address/Telephone
i. P-vza acq	05-12	Jook	0313 83 99 22
- ii.			
iii.	10 16-12		BENEVAL IN
iv.	1900 34		
v	15/12/20		A TRANSPORT
vi.		I spreading the	EARTH ILL.
vii.	( 1 m / 3/1		NAC LINE OF THE
	Polovni i Polovni	Total	100%
Please attached copy of Passport and Kebele I	D to this form.		
Name of Life Assured: 100 Acq	Signature:	Date:	