



ኒያላ ኢንሹራንስ አ.ማ  
**Nyala Insurance S.C**

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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: ርዕሲ Father's Name: ገጽ G. Father's Name: ገጽ

Date of Birth: 04 JUL 89 Place of Birth: ጋሪብሪ Passport Number: EP7065878 Gender: ጾታ

Address: - Region: ጸደዳ City: አዲስ አበባ Sub City: አዲስ አበባ Woreda: አዲስ አበባ Kebele: አዲስ አበባ H. No.: አዲስ አበባ

Occupation: የግል ሥራ Marital Status: ያለ Labor ID Number: EP10910981

Contact Person in case of Emergency: Name ርዕሲ ገጽ Telephone: 0912-138577

### 2. Particulars of The Travel

Agency Name: ገጽ Agency Contact Name: ገጽ Telephone: ገጽ

Destination Country: ገጽ Departure (Effective) Date: ገጽ

### 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>ርዕሲ ገጽ</u>	<u>ገጽ</u>	<u>100%</u>	<u>0912138577</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: ርዕሲ ገጽ Signature: ገጽ Date: ገጽ