



ኒላ 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: በጌ Father's Name: አጋ G. Father's Name: አብነት

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

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

Occupation: የግል ሰራተኛ Marital Status: ጸገን Labor ID Number: ፋጠኖ

Contact Person in case of Emergency: Name አብነት Telephone: 0920734357

2. Particulars of The Travel

Agency Name: አዲስ አበባ Agency Contact Name: አብነት Telephone: 0907012412

Destination Country: QATAR Departure (Effective) Date: 17/11/2024

3. Beneficiary Information

Dubai

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>አብነት</u> | <u>ጸገን</u> | <u>100%</u> | <u>0920734357</u> |
| ii. | _____ | _____ | _____ | _____ |
| iii. | _____ | _____ | _____ | _____ |
| iv. | _____ | _____ | _____ | _____ |
| v. | _____ | _____ | _____ | _____ |
| vi. | _____ | _____ | _____ | _____ |
| vii. | _____ | _____ | _____ | _____ |
| | | | Total | 100% |

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

Name of Life Assured: ፀሐይ ገሰ Signature: ፀሐይ Date: 17/11/2024