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Nyala Insurance S.C

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P.O. Box: 12753, Addis Ababa, Ethiopia

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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: BETELEHEM Father's Name: TEREFFE G. Father's Name: LIDETU.

Date of Birth: 06 OCT 87 Place of Birth: MERTI Passport Number: EP9075946 Gender: F

Address: - Region: OPROMIA City: _____ Sub City: ARSI Woreda: MERTI Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name BIRKE TEREFFE Telephone: 092170 0160.

2. Particulars of The Travel

Agency Name: ALKBBA Agency Contact Name: _____ Telephone: _____

Destination Country: _____ Departure (Effective) Date: 13/01/25.

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>BIRKE TEREFFE</u>	<u>SISTER</u>	_____	<u>100%</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Betelehem Signature: [Signature] Date: _____