



ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12763, 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: አብነት Father's Name: አብነት G. Father's Name: አብነት

Date of Birth: 11 SEP 90 Place of Birth: አዲስ Passport Number: EP9340659 Gender: ቤት

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

Occupation: የፖሊስ Marital Status: ግሪፕ Labor ID Number:

Contact Person in case of Emergency: Name አብነት Telephone: 09034954962

2. Particulars of The Travel

Agency Name: አዲስ Agency Contact Name: አዲስ Telephone:

Destination Country: ኢት Departure (Effective) Date:

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>አብነት</u>	<u>አዲስ</u>	<u>100%</u>	<u>09034954962</u>
ii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
iii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
iv.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
v.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
vi.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
vii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
			Total	100%

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

Name of Life Assured: አብነት Signature: Date: