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Nyala Insurance S.C

Tel: 251-116-626657. Fax: 251-116-626706

Protection House, Miky Leland Street

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

e-mail: nisqo@nyalainsurance.co

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Mr./Ms./Mrs.

(as printed in the passport)

Name: Aw loey
 Father's Name: Zinbo
 G. Father's Name: awlawg

Date of Birth: 27 JAN 88 Place of Birth: MOLLO Passport Number: EP 8301479 Gender: M

Address: - Region: Tana City: _____ Sub City: Arba Woreda: Ghny Kebele: _____ H. No.: _____

Occupation: 907000 Marital Status: 8175 Labor ID Number: _____

Contact Person in case of Emergency: Name Mr. N. S. Rao Telephone: 0940349249

Particulars of The Travel

Agency Name: Tolyn Agency Contact Name: Treasury Telephone: _____

Estimation Country: Duben Departure (Effective) Date: 29/01/2020

Beneficiary Information

whereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim payments, court order and liquidation report attested by the court.

Full Name	Relationship	Percentage Share	Address/Telephone
Alex Tsibco	Wife	100%	0940349249
Total			100%*

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

Name of Life Assured: aw boay zint Signature: [Signature] Date: 29/01/200