



ኒላ አ.ን.ፎ.ሪ.ን.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: ገረግ Father's Name: ገረግ G. Father's Name: ህጻን

Date of Birth: 12 Sep 95 Place of Birth: ወወጋገ Passport Number: EP7087571 Gender: ጾታ

Address: - Region: ጌዳሴ City: Sub City: ወረዳ Woreda: ወረዳ Kebele: H. No.:

Occupation: ግብርና Marital Status: ያለ Labor ID Number:

Contact Person in case of Emergency: Name ገረግ ገረግ Telephone: 0960613020

2. Particulars of The Travel

Agency Name: ገረግ Agency Contact Name: Telephone:

Destination Country: ወረዳ Departure (Effective) Date: 30/06/2025

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>ገረግ ገረግ</u>	<u>ገረግ</u>	<u>100%</u>	<u>ጌዳሴ</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: ገረግ ገረግ

Signature:

Date: 30/06/2025