



ኒላ አ.ንሹራንስ አ.ማ

**Nyala Insurance S.C**

Tel: 251-116-626667, Fax: 251-116-626706  
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: ሀገረ Father's Name: ገሰ G. Father's Name: አባ

Date of Birth: 26 Oct 88 Place of Birth: ARSI Passport Number: EP 9302485 Gender: Male

Address: - Region: Amhara City: \_\_\_\_\_ Sub City: Bahir Dar Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: የፖሊስ ኃላፊ Marital Status: Single Labor ID Number: EP 10727000

Contact Person in case of Emergency: Name አባ አባ Telephone: 0974 293080

### 2. Particulars of The Travel

Agency Name: አዲስ Agency Contact Name: አባ Telephone: \_\_\_\_\_

Destination Country: USA 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>አባ አባ</u>	<u>ወይት</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: ሀገረ ገሰ Signature: [Signature] Date: \_\_\_\_\_