ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-[illegible], Fax: [illegible]
Protection No. [illegible]
P.O. Box: 12763, Addis Ababa
e-mail: nisco@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: KALALE Father's Name: TSEGAYE G. Father's Name: BOKORE

Date of Birth: 9-APR-91 Place of Birth: UKE Passport Number: EP8291258 Gender: FEMALE

Address: - Region: A.A City: Sub City: LEMI KURA Woreda: 09 Kebele: H. No.

Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number: EF11267930

Contact Person in case of Emergency: Name CHALTU MISGANA Telephone: 09-35-54-90-17

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-74-69-69-69

Destination Country: QATAR Departure (Effective) Date: 24-07-2025

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.	CHALTU MISGANA	AUNT	100%	09-35-54-90-17
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: [illegible] Signature: [signature] Date: 24-07-2025