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**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: Medaniti Father's Name: Mengesha G. Father's Name: Shomoro

Date of Birth: 23-Sep-86 Place of Birth: Hossana Passport Number: 591017480 Gender: Female

Address: - Region: C. Ethio City: Hossana Sub City: Hossana Woreda: Lemo Kebele: Arada H. No.: \_\_\_\_\_

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10742079

Contact Person in case of Emergency: Name Endasha Haile Telephone: 0911885943

### 2. Particulars of The Travel

Agency Name: Adet Agency Agency Contact Name: Noway Telephone: 0912805194

Destination Country: Qatar 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>Ayedam Shango</u>	<u>mother</u>	<u>100%</u>	<u>0984045341</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
Total			100%	



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

Name of Life Assured: Medaniti Signature: [Signature] Date: 17-Mar-25