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Nyala Insurance S.C
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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Medina Father's Name: Yunie G. Father's Name: Rebo

Date of Birth: 16-oct-80 Place of Birth: Arsi Passport Number: EP9071055 Gender: female

Address: - Region: Oromia City: Arsi Sub City: Robe Woreda: _____ Kebele: _____ H. No.: _____

Occupation: housemaid Marital Status: Married Labor ID Number: EF10324536

Contact Person in case of Emergency: Name Jawhar husen Telephone: 0991264007

2. Particulars of The Travel

Agency Name: Adey Foreign employment Agency Agency Contact Name: Neveney Telephone: _____

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>Jawhar husen</u>	<u>husband</u>	<u>100%</u>	<u>Arsi / 0991264007</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Medina Yunie Signature: [Signature] Date: 1-01-2025