ኒያላ ኢንሹራንስ 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: Derartu Father's Name: Alemu G. Father's Name: Genemo

Date of Birth: 29-Oct-89 Place of Birth: Arsinegele Passport Number: EP7692545 Gender: F

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

Occupation: House maid Marital Status: Single Labor ID Number: EF10142485

Contact Person in case of Emergency: Name Sentayehu Telephone: 0979848007

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway 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.	Sentayehu Tadesse	Mother	100%	Arsi / 0979848007
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Derartu Alemu **Signature:** _____ **Date:** 3-Dec-24