



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: Berket Father's Name: Teshome G. Father's Name: Selamu

Date of Birth: 23-Jun-01 Place of Birth: Hadiya Passport Number: EP8779471 Gender: Female

Address: - Region: Central Ethiopia City: Hadiya Sub City: Hadiya Woreda: Gibe Kebele: 28 H. No.: -

Occupation: Housemaid Marital Status: Single Labor ID Number: EF10661483

Contact Person in case of Emergency: Name Negalegn Gnadro Telephone: 0938560110

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.	Negalegn Gnadoro	Cousin	100%	AA/0912659226
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Bencet Teshome Signature: [Signature] Date: Mar-15-2025