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: Kedija Father's Name: Awus G. Father's Name: Sani

Date of Birth: 27-Jun-86 Place of Birth: Awsi Passport Number: EP8432179 Gender: Female

Address: - Region: ~~Dire~~ Oromia City: D/zeyt Sub City: _____ Woreda: Dibu Kebele: _____ H. No.: _____

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10456296

Contact Person in case of Emergency: Name Jemal Nura Telephone: 0920167869

2. Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0972302010

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.	Jemal Nura	Husband	100%	0920167869
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Kedija **Signature:** _____ **Date:** 20-Dec-24