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: Diribe Father's Name: Ejara G. Father's Name: Debela

Date of Birth: 19-Feb-01 Place of Birth: W. Shewa Passport Number: EP8596556 Gender: Female

Address: - Region: Oromia City: Shoa Sub City: E. Shoa Woreda: Robi Kebele: - H. No.: -

Occupation: Housemaid Marital Status: Single Labor ID Number: EFX0051593

Contact Person in case of Emergency: Name Bekela Ejara Telephone: 0910044919

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805149

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.	Bekela Ejara	Brother	100%	Sululta/ 0910044919
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911225906 011 5620262

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

Name of Life Assured: Diribe Ejara **Signature:** _____ **Date:** 30-Dec-24