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Nyala Insurance S.C

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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: MESERET Father's Name: MENGISTU G. Father's Name: ABEBE

Date of Birth: 11 SEP 94 Place of Birth: CHEFE Passport Number: EP7691798 Gender: F

Address: - Region: OROMIA City: DONISA Sub City: GIMBICH Woreda: CHEFE Kebele: H. No.:

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number:

Contact Person in case of Emergency: Name GETABALEW Telephone: 0901702211
FIKRE

2. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name: 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>GETABALEW FIKRE</u>	<u>HUSBAND</u>	<u></u>	<u>100%</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%

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

Name of Life Assured: meseret mengistu Signature: [Signature] Date: 26/05/25