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Nyala Insurance S.C

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Protection House, Miky Leland Street

P.O. Box: 12753, Addis Ababa, Ethiopia

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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: TSEHAY Father's Name: DINKU G. Father's Name: RECHASA

Date of Birth: 28 NOV 90 Place of Birth: SHOA Passport Number: EP7663259 Gender: F

Address: - Region: OPROMIA City: BISHOF Sub City: Woreda: ADA Kebele: H. No.:

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

Contact Person in case of Emergency: Name ABSTI Telephone: 0974716414

2. Particulars of The Travel

Agency Name: ALCABA 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>ABSTI DINKU</u>	<u>BROTHER</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: Tsehay

Signature:

Date: 29/05/25