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

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: Kedija Father's Name: Muhammed G. Father's Name: Aolem

Date of Birth: 28-oct-82 Place of Birth: Wollo Passport Number: EP 6247967 Gender: Female

Address: - Region: Amhara City: Wollo Sub City: Wollo Woreda: dessie Kebele: dessie H. No.:

Occupation: Housemaid Marital Status: Married Labor ID Number:

Contact Person in case of Emergency: Name ~~Sendew~~ Sendew Hussen Telephone: 0910605836

Particulars of The Travel

Agency Name: Al- Kaba Agency Contact Name: Najma Telephone: 0972302616

Destination Country: Qatar Departure (Effective) Date:

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.	Sendew Hussen	Husband	100%	0910605836
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: [signature] Date: 26-Feb-25