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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: Janila Father's Name: Aman G. Father's Name: Buke

Date of Birth: 30-oct-97 Place of Birth: Do Dola Passport Number: EP6565398 Gender: Female

Address: - Region: Oromia City: Do Dola Sub City: Arsi Woreda: Dada Kebele: gare H. No.: New

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

Contact Person in case of Emergency: Name Negeso Shumir Telephone: 0937683805
Mohammed Hasen 0916194631

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noray Telephone: 0912805194

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>Mohammed Hasen</u>	<u>Husband</u>	<u>100%</u>	<u>0916194631</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Janila Aman

Signature: [Signature]

Date: 30-Apr-25