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Nyala Insurance S.C

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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: TSION Father's Name: ESTIFANOS G. Father's Name: MOKONIN
Date of Birth: 30 NOV 86 Place of Birth: HAWASSA Passport Number: EP2722090 Gender: F
Address: - Region: SIDAMA City: _____ Sub City: HAWASSA Woreda: MISRAKE Kebele: _____ H. No.: _____
Occupation: _____ Marital Status: SINGLE Labor ID Number: _____
Contact Person in case of Emergency: Name FATU MEKONIN Telephone: 0913532421

2. Particulars of The Travel

Agency Name: ALKABA 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>FATU MEKONIN</u>	<u>MOTHER</u>	_____	<u>100X</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: TSION Signature: [Signature] Date: 14/05/25