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

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Hana Father's Name: Teshome G. Father's Name: Ebelo

Date of Birth: 20-Sep-86 Place of Birth: Hosana Passport Number: EP8724293 Gender: female

Address: - Region: South City: Hadiya Sub City: Hosana Woreda: — Kebele: Amba H. No.: _____

Occupation: Qatar Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name Aberash Telephone: 0923503121

2. Particulars of The Travel

Agency Name: Adeyforeignemployment agency Agency Contact Name: neway 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.	tizazu felefe	husband	14.28 %	hosana 0961718505 26
ii.	Aberash Teshome	sister	14.28 %	AIA -
iii.	Desta Teshome	brother	14.28 %	Hosana 0910365934
iv.	Makeda Barkida tizazu	daughter	14.28 %	hosana -
v.	Abenezer tizazu	son	14.28 %	hosana -
vi.	yabsra tizazu	son	14.28 %	hosana -
vii.	Srawdink tizazu	son	14.28 %	hosana -
		Total	100%	

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

Name of Life Assured: Hana Teshome **Signature:** _____ **Date:** 23/01/24