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Nyala Insurance S.C

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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: Alemitu Father's Name: Degefa G. Father's Name: Bereie

Date of Birth: 11 Sep 96 Place of Birth: Elfeta Passport Number: EP 75 88 240 Gender: FEMALE

Address: - Region: Oromia City: Washoa Sub City: _____ Woreda: Nano Kebele: _____ H. No.: _____

Occupation: HOUSE maid Marital Status: single Labor ID Number: _____

Contact Person in case of Emergency: Name zenebu degefa Telephone: 09 4292 1604

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

Destination Country: ~~UAE~~ 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>zenebu degefa</u>	<u>sister</u>	<u>100%</u>	<u>09 4292 1604</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Alemitu Signature: Alemitu Date: 13/02/25