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Nyala Insurance S.C

Tel: 251-116-62667, Fax: 251-116-62678
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: BUZE

Father's Name: MELESE

G. Father's Name: GIARI

Date of Birth: 20 Nov 99

Place of Birth: BAKKO

Passport Number: EQ2423972

Gender: F

Address: - Region: OROMIA

City: _____

Sub City: ELSHOA

Woreda: BAKO

Kebele: _____

H. No.: _____

Occupation: HOUSE MAID

Marital Status: MARRIED

Labor ID Number: EF10966262

Contact Person in case of Emergency: Name GEBEYO MELESE

Telephone: 0912234293

Particulars of The Travel

Agency Name: AIKABA

Agency Contact Name: _____

Telephone: _____

Destination Country: QATAR

Departure (Effective) Date: _____

Beneficiary Information

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

GEBEYO MELESE

BROTHER

100%

Total

100%

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

Name of Life Assured: BUSE MELESA

Signature: [Signature]

Date: 02/04/25