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Nyala Insurance S.C

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Protection House, Miky Leland Street
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: HALFO Father's Name: JEILAN G. Father's Name: HAMDO

Date of Birth: 10 JAN 86 Place of Birth: ADRSI Passport Number: EP7972930 Gender: F

Address: - Region: OROMIA City: _____ Sub City: ADRSI Woreda: JAYU Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name DERESA JEILAN Telephone: 0934441658

2. Particulars of The Travel

Agency Name: AIKABA 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>DERESA JEILAN</u>	<u>BROTHER</u>	<u>100%</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: HALFO Signature: [Signature] Date: 21/05/25