



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: Nigusu G. Father's Name: Gelag'il

Date of Birth: 12 Nov 99 Place of Birth: Siltana Passport Number: EP7029282 Gender: F

Address: - Region: Oromia City: Asela Sub City: Asela Woreda: Koio wabe Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: Single Labor ID Number: EF10916585

Contact Person in case of Emergency: Name Sisay feiere Telephone: 0927270912

2. Particulars of The Travel

Agency Name: BMG Agency Agency Contact Name: Getahun Telephone: 0911277320

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>Nigusu Gelag'il</u> Kassu Girma	<u>father</u>	<u>100%</u>	<u>0907627290</u>
ii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
iii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
iv.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
v.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
vi.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
vii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
			Total	100%

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

Name of Life Assured: Hana Signature: hana Date: 11/02/25