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Nyala Insurance S.C
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Protection House, Milky 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: Kebebe Father's Name: Berhadeh G. Father's Name: Aversa

Date of Birth: 12-Sep-91 Place of Birth: Ambo Passport Number: 681288453 Gender: Female

Address: - Region: Oromia City: Ambo Sub City: Ambo Woreda: 01 Kebele: Genji H. No.: New

Occupation: Housemaid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Megersa Berhadeh Telephone: 0922-487617

2. Particulars of The Travel

Agency Name: Adley 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. <u>Megersa Berhadeh</u>	<u>Father</u>	<u>100%</u>	<u>0922487617</u>
ii. _____	_____	_____	_____
iii. _____	_____	_____	_____
iv. _____	_____	_____	_____
v. _____	_____	_____	_____
vi. _____	_____	_____	_____
vii. _____	_____	_____	_____
Total			100%



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

Name of Life Assured: Kebebe Berhadeh Signature: [Signature] Date: 15-Jul-14