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Nyala Insurance S.C.

Tel: 251-116-626667, Fax: 251-116-626667  
Protection House, Mjky Lelelgg  
P.O. Box: 12753, Addis Ababa  
e-mail: nisco@nyalainsurance.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: ADDIS

Father's Name: SISAY

G. Father's Name: WONDIMU

Date of Birth: 11 SEP 92 Place of Birth: GODINO Passport Number: EP8548528 Gender: R

Address: - Region: OROMIA City: Sub City: SHOA Woreda: GODINO Kebele: II. No.:

Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number:

Contact Person in case of Emergency: Name ANBESAW Telephone: 0966458723  
MESFEN.

### 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>ANBESAW MESFEN.</u>	<u>COUSIN,</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: Ad's S. Sa'y

Signature: [Signature]

Date: 24/07/25