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: Birke Father's Name: Bekele G. Father's Name: Deresu

Date of Birth: 21-Nov-92 Place of Birth: Deneba Passport Number: EP7291349 Gender: Female

Address: - Region: Amhara City: W.Sheva Sub City: Deneba Woreda: Wayu Kebele: 01 H. No.: -

Occupation: House maid Marital Status: Single Labor ID Number: EF10523026

Contact Person in case of Emergency: Name Shimeles Eshetu Telephone: 0915976712

2. Particulars of The Travel

Agency Name: Adey 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.	Shimeles Eshetu	Brother	100%	Gurman | 0915976712
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

ADEY FOREIGN EMPLOYMENT AGENT P.L.C

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

Name of Life Assured: Birke Bekele **Signature:** Birke **Date:** Jan-15-25