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: Tikuye Father's Name: Abebe G. Father's Name: Adebo

Date of Birth: 20-Oct-86 Place of Birth: Hosaena Passport Number: EP7301285 Gender: Female

Address: - Region: S-Ethio City: ~~Hosana~~ Sub City: Hosana Woreda: Hadiy Kebele: 01 H. No.: New

Occupation: House maid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Hregaw Mokonen Telephone: 0972724715

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway 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.	Hregaw Molkonen	Mother	100%	0912724715
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Tikuye Abebe Signature: _____ Date: 13-June-25