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: BUZE Father's Name: LEMA G. Father's Name: NUGUSE
Date of Birth: 11-SEP-92 Place of Birth: GINCHI Passport Number: EQ1233953 Gender: FEMALE
Address: - Region: ORDMIA City: _____ Sub City: BORAYU Woreda: KETA Kebele: _____ H. No.: _____
Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number: EF10777732
Contact Person in case of Emergency: Name LEMA NUGUSE Telephone: 0933941414.

2. **Particulars of The Travel**

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-47-36
Destination Country: QATAR Departure (Effective) Date: 13-06-2025

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.	LEMA NUGUSE	FATHER		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: BUZE Signature: _____ Date: 13-06-2025