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: Mekilit Father's Name: Tamirat G. Father's Name: Eloro

Date of Birth: 17-Jun-99 Place of Birth: Morsito Passport Number: EP8209234 Gender: Female

Address: - Region: W. Ethiopia City: Hadiya Sub City: Morsito Woreda: Mibo Kebele: 09 H. No.: 281

Occupation: Housemaid Marital Status: Single Labor ID Number: EF10528332

Contact Person in case of Emergency: Name Fekadu Tamirat Telephone: 0955955326

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805494

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.	Tamirat Eloro	Father	100%	Morsito/0945178035
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	**100%**	

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

Name of Life Assured: Mekilit Tamirat **Signature:** _____ **Date:** 1-1-2025