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**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: KAMILA Father's Name: MOHAMMED NUR G. Father's Name: ABADURA

Date of Birth: 21 SEP 15 Place of Birth: JIMMA Passport Number: EP6582087 Gender: F

Address: - Region: OROMIA City: \_\_\_\_\_ Sub City: JIMMA Woreda: ANAM ANA Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name NASER BIYA Telephone: 0941468518

### 2. Particulars of The Travel

Agency Name: ALKABA Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Destination Country: QATAR Departure (Effective) Date: 24/01/25

### 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>NASER BIYA</u>	<u>BROTHER</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: Kamilaa Signature: [Signature] Date: 24/01/25