



ኒላ አ.ንፕራንስ 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: Meseret Father's Name: Mengesha G. Father's Name: Mekuria

Date of Birth: 18 Jan 89 Place of Birth: modjo Passport Number: EP9336068 Gender: F

Address: - Region: Oromia City: \_\_\_\_\_ Sub City: mojo Woreda: \_\_\_\_\_ Kebele: 060 H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: single Labor ID Number: EE11008497

Contact Person in case of Emergency: Name Zewdu mengesha Telephone: 0912832768

### 2. Particulars of The Travel

Agency Name: Bmg Agency Agency Contact Name: Gretahun Telephone: \_\_\_\_\_

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.	<u>Zewdu mengesha</u>	<u>Brother</u>	<u>100%</u>	<u>0912832768</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Meseret Signature: [Signature] Date: 11/04/25