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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: Birhane Father's Name: Woldegebrel G. Father's Name: Geraro

Date of Birth: 19 nov 90 Place of Birth: Shoa Passport Number: ED1042457 Gender: Female

Address: - Region: Central Ethiopia City: Kembata Sub City: Shinshicho Woreda: Ketaki Kebele: _____ H. No.: _____

Occupation: House made Marital Status: married Labor ID Number: EF10685734

Contact Person in case of Emergency: Name wendmagesgn weid^{egbre} Telephone: 0913942656

2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>wendmagesgn weid^{egbre}</u>	<u>Brother</u>	<u>100%</u>	<u>0913942656</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Birhane Woldegebrel Signature: [Signature] Date: 21-Jan-25