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: ASTER Father's Name: GETACHEW G. Father's Name: SHIBESHI

Date of Birth: _____ Place of Birth: _____ Passport Number: EQ2192466 Gender: FEMALE

Address: - Region: AA City: _____ Sub City: BOLE Woreda: 01 Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF10633851

Contact Person in case of Emergency: Name SHIFERAW GEZE Telephone: 09-13-03-44-07

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: _____ 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.	SHIFERAW GEZE	BROTHER		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: ~~ASTER~~ Signature: _____ Date: 17-05-2025