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**Nyala Insurance S.C**

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Protection House, Miky Leland Street

P.O. Box: 12753, Addis Ababa, Ethiopia

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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: CHALI Father's Name: SHAKA G. Father's Name: ARSEDI

Date of Birth: 11 OCT 44 Place of Birth: ADEN Passport Number: EP7512177 Gender: F

Address: - Region: OROMIA City: \_\_\_\_\_ Sub City: DEBREZIT Woreda: ADEN Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSEWIFE Marital Status: SINGLE Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name BIRHANU LETA Telephone: 0910389177

### 2. Particulars of The Travel

Agency Name: ALKAISA 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.	<u>BIRHANU LETA</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: CHALI Shaka Signature: [Signature] Date: 21/05/25