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Nyala Insurance S.C

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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: MEBRATE Father's Name: TADESSE G. Father's Name: MEKURIA

Date of Birth: 27 SEP 93 Place of Birth: GELAN Passport Number: EP6413828 Gender: F

Address: - Region: OROMIA City: _____ Sub City: GELAN Woreda: _____ Kebele: MERENB No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name ANGUASH TEKA Telephone: 0938075202

2. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name: _____ Telephone: _____

Destination Country: QATAR Departure (Effective) Date: 30/10/24

3. Beneficiary Information

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>ANGUASH TEKA</u>	<u>MOTHER</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: MANUG JAW Signature: [Signature] Date: _____