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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-62670  
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: Tensay Father's Name: Abetneh G. Father's Name: Admasu

Date of Birth: 27-Apr-90 Place of Birth: Gojam Passport Number: 622075867 Gender: Female

Address: - Region: Amhara City: Gojam Sub City: Debreberhan Woreda: Kuye Kebele: 01 H. No.: New

Occupation: House maid Marital Status: Married Labor ID Number: EF11219663

Contact Person in case of Emergency: Name Ayele Abetneh Telephone: 0911898641

### 2. Particulars of The Travel

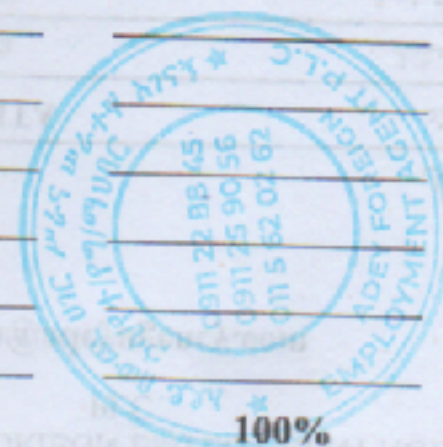
Agency Name: Aden Agency Agency Contact Name: Wosay Telephone: 0912805194

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>Kerealem Temesgen</u>	<u>Mother</u>	<u>100%</u>	<u>0932178891</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
Total			100%	



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

Name of Life Assured: Tensay Abetneh Signature: [Signature] Date: 4-June-25