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@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

I. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: BIRHAN Father's Name: TILAHUN G. Father's Name: ALEMU.

Date of Birth: 11 SEP 84 Place of Birth: MOTTA Passport Number: EP6361130 Gender: F.

Address: - Region: AMHARA City: ~~Sub City~~ E/GOJAM Woreda: MOTTA Kebele: H. No.:

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

Contact Person in case of Emergency: Name HAYMANOT TILAHUN Telephone: 0953595647.

II. Particulars of The Travel

Agency Name: ALKABA. Agency Contact Name: NAWAL Telephone: 0975696469.

Destination Country: QATAR Departure (Effective) Date:

III. 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.	HAYMANOT TILAHUN	SISTER		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: ~~ALEM~~ TILAHUN Signature: [signature] Date: 9/06/25