



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: ASHA Father's Name: KASM G. Father's Name: BOBASO

Date of Birth: 29 MAR 90 Place of Birth: ARSI Passport Number: EQ1839606 Gender: F

Address: - Region: OROMIA City: _____ Sub City: ARSI Woreda: ABELLA Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name ~~HAFE HARISA~~ Telephone: 0928006829
ABDULWALLAB
KASM.

2. Particulars of The Travel

Agency Name: ALKABA 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>ABDULWALLAB KASM</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: ASHA Signature: [Signature] Date: 16/05/25