



ኒላ አ.ገ.ፋ.ገ.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: SISAY Father's Name: TESFAYE G. Father's Name: WEKANG

Date of Birth: 18-JAN-88 Place of Birth: ARSI Passport Number: EQ1012631 Gender: FEMALE

Address: - Region: OROMIA City: ARSI Sub City: ROBE Woreda: ROBE Kebele: 01 H. No.: \_\_\_\_\_

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF10547474

Contact Person in case of Emergency: Name TIRUNESH TSEFAYE Telephone: 09-94-23-83-09

### 2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-47-36

Destination Country: QATAR Departure (Effective) Date: 10-06-2025

### 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>TIRUNESH TSEFAYE</u>	<u>SISTER</u>	<u>100%</u>	<u>09-94-23-83-09</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Sisay Tesfaye Signature: [Signature] Date: 10-06-2025