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: Merkeba Father's Name: Abdela G. Father's Name: Husen

Date of Birth: 11-Sep-01 Place of Birth: Shashemene Passport Number: EP9337748 Gender: Female

Address: - Region: Oromia City: Addis Ababa Sub City: Awasho Woreda: Shashemene Kebele: 01 H. No.: -

Occupation: House maid Marital Status: Single Labor ID Number: EF10721953

Contact Person in case of Emergency: Name Arafat Abdela Telephone: 0910545251

## 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway 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. | Arafat Abdella | Brother | 50% | Shashemene / 0910545251 |
| ii. | Friday Kedir | ~~50%~~ Mother | 50% | Shashemene / 0985559303 48 |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| vii. | | | | |
| | | | Total | 100% |

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

**Name of Life Assured:** Merkeba Abdela **Signature:** _____ **Date:** 3-May-2025