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: Asnaku Father's Name: Tefera G. Father's Name: Lemma

Date of Birth: 21-Dec-88 Place of Birth: Sululeta Passport Number: EB1251253 Gender: Female

Address: - Region: Oromia City: Sululta Sub City: Sululta Woreda: WereroKebele: Abich H. No.: –

Occupation: House maid Marital Status: _____ Labor ID Number: EF10647832

Contact Person in case of Emergency: Name Tefera Lemma Telephone: 0928027664

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.	Tefera Lemma	Father	100%	Sululta/0928027664
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 38 45 0911 25 90 56 011 5 62 02 62

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

Name of Life Assured: Asnaku Tefera **Signature:** _____ **Date:** 17-Dec-24