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**Nyala Insurance S.C**

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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: MR MAXIMIA Father's Name: KABE G. Father's Name: GOZESO

Date of Birth: 17 JUN 88 Place of Birth: ARSI Passport Number: EP Gender: \_\_\_\_\_

Address: - Region: OROMIA City: \_\_\_\_\_ Sub City: ARSI Woreda: ASCLAKEBELE H. No.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: MARRIED Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name ABA FUFU Telephone: 0940405101

### 2. Particulars of The Travel

Agency Name: AIKANA Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Destination Country: QATAR Departure (Effective) Date: 16/01/25

### 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>ABA FUFU</u>	<u>HUSBAND</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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_