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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: Halima Father's Name: Kemal G. Father's Name: Aman

Date of Birth: 11-Sep-94 Place of Birth: Robe Passport Number: EP772571 Gender: Female

Address: - Region: Awraja City: Arusi Sub City: Arusi Woreda: Robe Kebele: Sena H. No.: New

Occupation: House Maid Marital Status: M Labor ID Number: EF10506343

Contact Person in case of Emergency: Name Amin Kasso Telephone: 0714825267

2. Particulars of The Travel

Agency Name: Ades Agency Agency Contact Name: Nezay Telephone: 0912809194

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>Amin</u>	_____	<u>50%</u>	<u>Husband</u>
ii.	<u>Muhammad Kasso</u>	_____	<u>50%</u>	<u>Brother</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Halima Kemal Signature: [Signature] Date: 9-04-2025