ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626766
Protection House, Milky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: Halima Father's Name: Mohammed G. Father's Name: Adem

Date of Birth: 15-Nov 84 Place of Birth: Wollo Passport Number: EQ1033061 Gender: Female

Address: - Region: Amhara City: Wollo Sub City: Wollo Woreda: dessie Kebele: dessie H. No.: 077

Occupation: Housemaid Marital Status: Married Labor ID Number: _____

Contact Person in case of Emergency: Name Sultan ~~Hassen~~ Ali Telephone: 0921269005

Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0922302010

Destination Country: Qatar Departure (Effective) Date: _____

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.	~~Zemu Abegaz~~	~~Mother~~	~~100%~~	~~0945761730~~
ii.	SultanAli	Husband	100%	0921269005
iii.				
iv.				
v.				
vi.				
			Total	100%

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

Name of Life Assured: Halima Signature: [signature] Date: 26-Feb-25