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Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Asha Father's Name: Hussen G. Father's Name: Muhammed

Date of Birth: 19-Jun-85 Place of Birth: ARSI Passport Number: E02510323 Gender: _____

Address: - Region: Oromia City: _____ Sub City: Arsi Woreda: Pobe Kebele: _____ H. No.: _____

Occupation: House - maid Marital Status: M Labor ID Number: _____

Contact Person in case of Emergency: Name Gobe temam Telephone: 0919406148

2. Particulars of The Travel

Agency Name: BNG Agency Agency Contact Name: Gatahun Telephone: _____

Destination Country: UAE/ 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>Gobe temam</u>	<u>Husband</u>	<u>100%</u>	<u>0919406148</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Asha Signature: [Signature] Date: 28/5/25