



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: NURIYA Father's Name: ABDI G. Father's Name: AMAN

Date of Birth: 19 SEP 89 Place of Birth: HADY Passport Number: EP9281356 Gender: F

Address: - Region: DEBUB City: \_\_\_\_\_ Sub City: HOSSANA Woreda: HADIA Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

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

Contact Person in case of Emergency: Name RAHMETU ABDI Telephone: 0921222863 /  
0941867258

### 2. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Destination Country: QATAR Departure (Effective) Date: 26/12/24

### 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. RAHMETU ABDI BROTHER

ii. \_\_\_\_\_

iii. \_\_\_\_\_

iv. \_\_\_\_\_

v. \_\_\_\_\_

vi. \_\_\_\_\_

vii. \_\_\_\_\_

Total

100%

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

Name of Life Assured: NURIYA

Signature: [Signature]

Date: 26/12/24