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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: ZEIDA Father's Name: BERISBO G. Father's Name: SHEMSEDIN

Date of Birth: 11-Sep-87 Place of Birth: SILTE Passport Number: Ep9339653 Gender: Female

Address: - Region: C/Ethiopia City: SILTE Sub City: worabe Woreda: Sute Kebele: AYALEY II. No.: \_\_\_\_\_

Occupation: House maid Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Mubarek Jemal Telephone: 0936117393

### 2. Particulars of The Travel

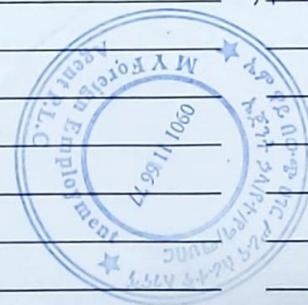
Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>Abdelatif Mubarek</u>	<u>Son</u>	<u>100%</u>	<u>Adama/0927259571</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: ZEIDA BERISBO Signature: [Signature] Date: 8-2-2025