



ኒላ 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: MERYEMA Father's Name: ABAMECHA G. Father's Name: ABADIKO

Date of Birth: 11 SEP 92 Place of Birth: SHEBE Passport Number: EQ2235876 Gender: F

Address: - Region: OROMIA City: _____ Sub City: JIMMA Woreda: SHEBE Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: EF10807126

Contact Person in case of Emergency: Name KADI JEBEL Telephone: 0921057626

2. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name: _____ Telephone: _____

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>KADI JEBEL</u>	<u>BROTHER</u>	<u>100%</u>	<u>100%</u>
II.	_____	_____	_____	_____
III.	_____	_____	_____	_____
IV.	_____	_____	_____	_____
V.	_____	_____	_____	_____
VI.	_____	_____	_____	_____
VII.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Meryem A Almecho Signature: [Signature] Date: 27/03/25