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Nyala Insurance S.C

oreign Employment Term Assurance (FETAP) Proposal Form

ecurities of the Life Assured:

ame As it is in the passport)

DEME. Father's Name: DINKU G. Father's Name: TUFA.

e of Birth: 11 SEP 92 Place of Birth: EJERSA MERSA Passport Number: EP6931706 Gender: F

Region: OROMIA City: Sub City: WISHOM Woreda: ADAMA Kebele: H. No.:

pation: HOUSEMAID Marital Status: MARRIED Labor ID Number:

on to be informed in case of Emergency: Name DINKU TUFA. Telephone:

Particulars of The Travel

ent Name: NIKAIA Agency Contact Name: Telephone:

ation Country: QATAR. Departure (Effective) Date:

Beneficiary Information

ly 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
DINKU TUFA	FATHER	100%	
		Total	100%

Attached copy of Passport and Kebele ID to this form.

Name of Life Assured: DEME DINKU Signature: Date: 02/05/25