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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: Fatuma Father's Name: Jemale G. Father's Name: Hashim

Date of Birth: 22 Jul 88 Place of Birth: Arsi Passport Number: EP7575975 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: Delele Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: Housemaid Marital Status: married Labor ID Number: EF10570844

Contact Person in case of Emergency: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

### 2. Particulars of The Travel

Agency Name: MY 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>Jemal Aman</u>	<u>Husband</u>	<u>100%</u>	<u>0956063891</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: Fatuma Jemale Signature: [Signature] Date: 02/06/25