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**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: Alemaze Father's Name: Dechasa G. Father's Name: Dai

Date of Birth: 27 APR 78 Place of Birth: SHOA Passport Number: EP7853076 Gender: Female

Address: - Region: oromia City: N/Shoa Sub City: Sululta Woreda: Gusto Kebele: 11amu H. No.: \_\_\_\_\_

Occupation: Housemade Marital Status: divorced Labor ID Number: EFCVN71561

Contact Person in case of Emergency: Name Beshadu Dechasa Telephone: 0913033932

### 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>Abraham simatew</u>	<u>Child</u>	<u>100%</u>	<u>canco / 0919996626</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: Alemaze Dechasa Signature: [Signature] Date: 12-Aug-25