ኒያላ 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: Shaga Father's Name: Kader G. Father's Name: Kasib

Date of Birth: 15-Mar-88 Place of Birth: Arsi Passport Number: EP8742552 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: Hasasa Kebele: - H. No.: -

Occupation: House maid Marital Status: Married Labor ID Number: EF10169808

Contact Person in case of Emergency: Name Hassen Shermo Telephone: 0912764943

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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.	Hassen Shermo	Husband	100%	Hasasa/0912764943
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total		100%

ADEY FOREIGN EMPLOYMENT AGENT PLC
0911 22 88 45
0911 25 90 56
011 5 62 02 62

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

Name of Life Assured: Shaga Kader **Signature:** _____ **Date:** 23-Dec-24