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Nyala Insurance S.C

Tel: 251-116-828667, Fax: 251-116-828700  
Protection House, Miky Leland Street  
P.O. Box: 12753, Addis Ababa, Ethiopia  
e-mail: nisco@nyalainsurancesc.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Name: Mr./Ms./Mrs.

(as indicated in the passport)

Name: HIRUT

Father's Name: ADINEW

G. Father's Name: ONKE

Date of Birth: 25 OCT 93

Place of Birth: AMBICHU

Passport Number: EP9034227

Gender: F

Address: - Region: DEBUD

City:

Sub City: HOSANA

Woreda: AMBICHU

H. No.:

Occupation: HOUSE MAID

Marital Status: SINGLE

Labor ID Number:

Emergency Contact Person in case of Emergency: Name EMEBET DEMOCHU Telephone: 0913821265

Particulars of The Travel

Agency Name: ALCARBA

Agency Contact Name:

Telephone:

Destination Country: QATAR

Departure (Effective) Date:

Beneficiary Information

I hereby assignee the policy benefits to the following 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
<u>EMEBET DEMOCHU</u>	<u>MOTHER</u>	<u>100%</u>	

Total

100%

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

Name of Life Assured: HIRUT Adinew

Signature: [Signature]

Date: 17/04/25