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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: HAWA Father's Name: OMER G. Father's Name: MUHAMMED

Date of Birth: 11 OCT 86 Place of Birth: ARSI Passport Number: EQ2782089 Gender: F

Address: - Region: OROMIA City: ARSI Sub City: BELE Woreda: BELE Kebele: BELE H. No.: BELE

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: BELE

Contact Person in case of Emergency: Name MOHAMMED Telephone: 0921164319  
ABDISHU

### 2. Particulars of The Travel

Agency Name: ALKABA Agency Contact Name: BELE Telephone: BELE

Destination Country: QATAR Departure (Effective) Date: BELE

### 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>MOHAMMED ABDISHU</u>	<u>HUSBAND</u>	<u>100%</u>	<u>BELE</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Nawala Signature: BELE Date: 4/07/25