



ኒያላ አ.ን.ፋ.ሪ.ን.ስ.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: RAHMA Father's Name: MUHAMMED G. Father's Name: BULO

Date of Birth: 03 MAY 87 Place of Birth: NEGELE Passport Number: EQ1946811 Gender: F

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

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: _____

Contact Person in case of Emergency: Name JEMAL MUHAMMED Telephone: 0912240218

2. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name: _____ Telephone: _____

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 MUHAMMED</u>	<u>BROTHER</u>	<u>100%</u>	
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: RAHMA Signature: [Signature] Date: _____