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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: Lidiya Father's Name: worku G. Father's Name: Besufkad

Date of Birth: 27-Feb-93 Place of Birth: Addis Ababa Passport Number: EP6364568 Gender: Female

Address: - Region: Addis Ababa City: Addis Ababa Sub City: Golelefi Woreda: 06 Kebele: 18 H. No.: -

Occupation: House maid Marital Status: Single Labor ID Number: FA0021360

Contact Person in case of Emergency: Name Krist worku Telephone: 0901063634

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.	<u>Yetimwork Kibret</u>	<u>Mother</u>	<u>50%</u>	<u>A.A/0901063634</u>
ii.	<u>worku Besufkad</u>	<u>Father</u>	<u>50%</u>	<u>A.A/093462742</u>
iii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
iv.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
v.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
vi.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
vii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
			Total	100%



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

Name of Life Assured: Lidiya worku Signature: [Signature] Date: 18-Mar-2025