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Nyala Insurance S.C

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Protection House, Miky Leland Street
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: SHEMSI Father's Name: TURAKE G. Father's Name: ESMA

Date of Birth: 10-JAN-87 Place of Birth: ARSI Passport Number: EQ1503273 Gender: FEMALE

Address: - Region: OROMIYA City: _____ Sub City: ARSI Woreda: BELE Kebele: GOBERI BARI H. No.: _____

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name TURAKE ESMA Telephone: 09-68-54-95-90

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-74-69-69-69

Destination Country: QATAR Departure (Effective) Date: 4-07-2025

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>TURAKE ESMA</u>	<u>FATHER</u>	<u>100%</u>	<u>09-68-54-95-90</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Shamsii Signature: [Signature] Date: 4-07-2025