ኒያላ ኢንሹራንስ 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: Alemitu Father's Name: Keffne G. Father's Name: Dabi

Date of Birth: 28- Jan- 92 Place of Birth: Akaki Passport Number: EP8121562 Gender: female

Address: - Region: A.A City: Akaki Sub City: Akaki Woreda: Echu Kebele: Bacliq H. No.: New

Occupation: Housemaid Marital Status: Single Labor ID Number: ETI027267?

Contact Person in case of Emergency: Name Alemayehu keffne Telephone: 0969930830

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway 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.	Alemayehu Keffne	Brother	100%	0969930830
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Alemitu Kefene **Signature:** ጉለሚት **Date:** 28- Apr- 25