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: Fentanesh Father's Name: Tiruneh G. Father's Name: Mengesha

Date of Birth: 12-Sep-87 Place of Birth: Dangila Passport Number: EP 9125730 Gender: Female

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

Occupation: Housemaid Marital Status: Married Labor ID Number: LF10600453

Contact Person in case of Emergency: Name Timeh Mengesha Telephone: 0923418433

2. Particulars of The Travel

Agency Name: Al-kabe Agency Contact Name: Negwa Telephone: 0972302010

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.	Timeh Mengesha	father	100%	0923418433
ii.				
iii.				
iv.				
v.				
vi.				
vii.			Total	100%

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

Name of Life Assured: Fentanesh **Signature:** Fet **Date:** 17-Dec-24