



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: muna Father's Name: Dura G. Father's Name: Abamegal

Date of Birth: 20-sep-90 Place of Birth: Jimma Passport Number: EP6696680 Gender: female

Address: - Region: ARAmiya City: ARAmiya Sub City: Jimma Woreda: hiron Kebele: - H. No.: -

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

Contact Person in case of Emergency: Name seble seid Telephone: 0934474567

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>Seble seid</u>	<u>daughter</u>	<u>100%</u>	<u>A.A/0934474567</u>
ii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</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: muna Dura Signature: - Date: 08-Aug-2024