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: ZURIYASH Father's Name: ABATE G. Father's Name: YIBRE

Date of Birth: 23-JUL-82 Place of Birth: WOLLO Passport Number: EP7952713 Gender: _____

Address: - Region: AMHARA City: WOLLO Sub City: DESSE Woreda: TENTA Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EFKTF03718

Contact Person in case of Emergency: Name AHMED ABATE Telephone: 09-22-36-41-06

2. **Particulars of The Travel**

Agency Name: AL KABA Agency Contact Name: _____ Telephone: _____

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.	AHMED ABATE	BROTHER		100 %
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: ዛድያሽ አባተ Signature: _____ Date: 27-05-2025