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Nyala Insurance S.C

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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: Medina Father's Name: Abit G. Father's Name: Febeto

Date of Birth: 11-Sep-93 Place of Birth: Lole Abosera Passport Number: EP6720508 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: 08 Kebele: Abosera H. No.: -

Occupation: House maid Marital Status: Single Labor ID Number: EF10981093

Contact Person in case of Emergency: Name Dedefo Abiti Telephone: 0910292638

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neyay 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>Dedefo Abiti</u>	<u>Brother</u>	<u>100%</u>	<u>A# 10910292638</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Medina Abiti Signature: [Signature] Date: 20-Mar-25