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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626766
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: SEHIRA

Father's Name: MOHAMMED

G. Father's Name: KEDIR

Date of Birth: 11 SEP 87 Place of Birth: GOMA Passport Number: EP6685148 Gender: F

Address: - Region: OROMIA City: JIMMA Woreda: BUCHU BURE Kebele: BUCHU BURE H. No.:

Occupation: HOUSE MAID Marital Status: DIVORCED Labor ID Number:

Contact Person in case of Emergency: Name ETALEM WORKNEH Telephone: 0954574464

2. Particulars of The Travel

Agency Name: AIKABH 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.	ETALEM WORKNEH	SISTER		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Am G. mohamed

Signature: [Signature]

Date: 22/05/25