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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: KETEMA Father's Name: YITAYAL G. Father's Name: ASERES

Date of Birth: 29 NOV 87 Place of Birth: DEBREMARKE Passport Number: EP9205935 Gender: F

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

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: _____

Contact Person in case of Emergency: Name YITAYAL ASERES Telephone: 0920172281

2. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name: _____ Telephone: _____

Destination Country: QATAR Departure (Effective) Date: 14/11/24

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>YITAYAL ASERES</u>	<u>FATHER</u>	<u>100%</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Ketemay Taye Signature: [Signature] Date: 14/11/24