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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: Werk Father's Name: Wako G. Father's Name: Bulcha

Date of Birth: 26-Sep-88 Place of Birth: Shoa Passport Number: EP8676837 Gender: Female

Address: - Region: Oromia City: Shagga Sub City: Meka Nono Woreda: Nono Kebele: H. No.:

Occupation: House maid Marital Status: Married Labor ID Number: EF10387040

Contact Person in case of Emergency: Name Gedechew Tefera Telephone: 0960314799

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Norway 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>Gedechew Tefera</u>	<u>Husband</u>	<u>100%</u>	<u>AA/0960314799</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: Werk Signature: [Signature] Date: 3-Dec-24