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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: Etenesh Father's Name: Baicha G. Father's Name: Haie

Date of Birth: 20-Apr-82 Place of Birth: Assela Passport Number: EP8250989 Gender: F

Address: - Region: Oromia City: Asana Sub City: Asana Woreda: _____ Kebele: waikese H. No.: _____

Occupation: House maid Marital Status: married Labor ID Number: EF10000803

Contact Person in case of Emergency: Name Abayu Makoya Telephone: +251704777052

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: neway 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>Meron Aschalew</u>	<u>Daughter</u>	<u>100%</u>	<u>Adama/0937161030</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Etenesh Baicha Signature: [Signature] Date: Dec-6-2024