



ኒያላ ኢንሹራንስ አ.ማ
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: Lubaba Father's Name: Yimer G. Father's Name: Ahmed

Date of Birth: 18 Apr-00 Place of Birth: South Wollo Passport Number: EP9289398 Gender: Female

Address: - Region: Amhara City: S. Wollo Sub City: Weynamba Woreda: Legcha Kebele: 016 H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10614799

Contact Person in case of Emergency: Name Jemal Mohammed Telephone: 0925031082

2. Particulars of The Travel

Agency Name: Aley Agency Agency Contact Name: Neway Telephone: 0912809194

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>Yimer Ahmed</u>	<u>Father</u>	<u>100%</u>	<u>Wollo/0989400779</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Lubaba Yimer Signature: [Signature] Date: 18-May-2025