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: Medhanite Father's Name: Zewede G. Father's Name: Tilahun

Date of Birth: 7-May-85 Place of Birth: Addis Ababa Passport Number: EP6709751 Gender: female

Address: - Region: A.A City: Arada Sub City: Arada Woreda: 7 Kebele: 11 H. No.: 613

Occupation: Housemaid Marital Status: Married Labor ID Number: EF/0575/87

Contact Person in case of Emergency: Name Cherenet Hailmekel Telephone: 0911115035

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway Telephone: 0912805949

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.	Cherenet Hailmekal	Husband	100%	0911415035
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 88 45 0911 25 90 56 011 5 62 02 62

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

Name of Life Assured: Medhanite Zewede **Signature:** _____ **Date:** 7-Aug-25