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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: Mesay Father's Name: Shemeles G. Father's Name: Atemayehu

Date of Birth: 12-Sep-91 Place of Birth: Chelenta Passport Number: EP8826132 Gender: Female

Address: - Region: Oromia City: Harar Sub City: Ham Woreda: — Kebele: — H. No.: —

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

Contact Person in case of Emergency: Name Bayan Mohammed Telephone: 0922799224

2. Particulars of The Travel

Agency Name: Aday 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>Adise Shemeles</u>	<u>Sister</u>	<u>100%-</u>	<u>0915148257</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: Mesay Shemeles Signature: [Signature] Date: 8-Apr-25

