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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@nyalainsurancese.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: NUGUSE G. Father's Name: BEJIGA

Date of Birth: 15 DEC 90 Place of Birth: DENBELO Passport Number: EP7634092 Gender: F

Address: - Region: OROMIA City: \_\_\_\_\_ Sub City: ELSHUA Woreda: ADEPA Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: EF10050102

Contact Person in case of Emergency: Name GIIRMA NUGUSE Telephone: 0912834114

### 2. Particulars of The Travel

Agency Name: ALICABA Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Destination Country: QATAR Departure (Effective) Date: 22/01/25

### 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>GIIRMA NUGUSE</u>	<u>BROTHER</u>	<u>100%</u>	<u>100%</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Etenesh Signature: [Signature] Date: 22/01/25