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

Particulars of the Life Assured:

Title: Mr. Ms./Mrs.

(as printed in the passport)

Name: ሀና Father's Name: [illegible] G. Father's Name: [illegible]

Date of Birth: 25 Jan 96 Place of Birth: DESE Passport Number: 6653707 Gender: ሴት

Address: - Region: [illegible] City: Sub City: [illegible] Woreda: [illegible] Kebele: H. No.:

Occupation: የቤት ሰራተኛ Marital Status: ያላገባች Labor ID Number: EFW2N05535

Contact Person in-case of Emergency: Name [illegible] Telephone: 0988318441

Particulars of The Travel

Agency Name: [illegible] Agency Contact Name: Telephone:

Destination Country: QATAR Departure (Effective) Date: 28/09/2016

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
[illegible]	[illegible]	100%	[illegible]
		Total	100%

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

Name of Life Assured: ሀና Signature: [signature] Date: 23/04/2024