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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: Fanos Father's Name: Teshome G. Father's Name: Gudeta

Date of Birth: 13 Jan 96 Place of Birth: Abeyera Passport Number: EP8717329 Gender: F

Address: - Region: Cromia City: N/Shoa Sub City: _____ Woreda: MULO Kebele: MULO fase H. No.: _____

Occupation: House maid Marital Status: married Labor ID Number: EFESY50239

Contact Person in case of Emergency: Name Haile girma Telephone: 092466 9342

2. Particulars of The Travel

Agency Name: Bmgi Agency Agency Contact Name: Gretahun Telephone: 091127 9320

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>Emebet Abera</u>	<u>Mother</u>	<u>100%</u>	<u>0931305329</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Fanos Signature: [Signature] Date: 31/01/25