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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: RIHANA Father's Name: NEGASH G. Father's Name: AHMED

Date of Birth: 20 AUG 89 Place of Birth: KERSA Passport Number: EP8724550 Gender: F

Address: - Region: OPROMIA City: \_\_\_\_\_ Sub City: SANKOFA Woreda: 01 Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name MONTIYA HASSEN Telephone: 0921462115

### 2. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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>MONTIYA HASSEN</u>	<u>MOTHER</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: Rihana Signature: [Signature] Date: 24/03/25