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Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Keno Father's Name: Dida G. Father's Name: Beyene

Date of Birth: 29-Dec-93 Place of Birth: Suluta Passport Number: GP8486605 Gender: Female

Address: - Region: Sheger city City: Sheger Sub City: Suluta Woreda: Aba geda Kebele: Aba H. No.: New

Occupation: Housemaid Marital Status: Married Labor ID Number: EF1021 8818

Contact Person in case of Emergency: Name Dagm Guta Telephone: 0910962767

2. Particulars of The Travel

Agency Name: Aden Agency Agency Contact Name: Noway 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>Dagm Guta</u>	<u>Husband</u>	<u>100%</u>	<u>Suluta/0910962767</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Keno Dida

Signature: _____

Date: 29-Apr-25