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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 @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: BELETU Father's Name: ASHENAFI G. Father's Name: DEMESE

Date of Birth: 11 SEP 88 Place of Birth: SHOA Passport Number: EP4296276 Gender: F

Address: - Region: OPROMIA City: _____ Sub City: BISHOFTU Woreda: _____ Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name GETE ASHENAFI Telephone: 0920608165

2. Particulars of The Travel

Agency Name: ALKABA 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>GETE ASHENAFI</u>	<u>SISTER</u>	<u>100%</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: beletu Signature: [Signature] Date: 6/08/25