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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: SUF Father's Name: KEDIR G. Father's Name: GRELETO

Date of Birth: 25 DEC 89 Place of Birth: ARSI Passport Number: EP8826351 Gender: F

Address: - Region: OROMIA City: ARSI Sub City: ARSI Woreda: ASELA Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name MOHAMMED JEMAL Telephone: 0921032502

2. Particulars of The Travel

Agency Name: ALICABA Agency Contact Name: NAWAL Telephone: 0975686969

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>MOHAMMED JEMAL</u>	<u>BROTHER</u>	<u>_____</u>	<u>100%</u>
ii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
iii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
iv.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
v.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
vi.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
vii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
			Total	100%

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

Name of Life Assured: SUF

Signature: Se

Date: 04/06/25