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Nyala Insurance S.C

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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: AMINA Father's Name: TEMAM G. Father's Name: BESHER

Date of Birth: 27 NOV 92 Place of Birth: HALABA Passport Number: EP 7059445 Gender: F

Address: - Region: CENTRAL ETHIOPIA City: _____ Sub City: HALABA Woreda: KILITU Kebele: _____ II. No.: _____

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

Contact Person in case of Emergency: Name ABIZA TEMAM Telephone: 0926046 857

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>ABIZA TEMAM</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: AMINA Signature: [Signature] Date: 7/08/25