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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: Sara Father's Name: Abimasu G. Father's Name: Debebe

Date of Birth: 12-Jun-80 Place of Birth: Arsi Neger Passport Number: EP9097936 Gender: Female

Address: - Region: oromia City: Arsi Sub City: Arsi Woreda: 09 Kebele: KiHu H. No.: —

Occupation: Housemaid Marital Status: Married Labor ID Number: EF11276590

Contact Person in case of Emergency: Name Bekerech mola Telephone: 0976888394

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809194

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>Bekerech mola</u>	<u>mother</u>	<u>100%</u>	<u>Arsi / 0976888394</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: Sara Abimasu Signature: [Signature] Date: 10-Jun-2025