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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706
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: RAHIMET

Father's Name: KEMAL

G. Father's Name: ASSEN

Date of Birth: 09 FEB 88 Place of Birth: WOLLEGA Passport Number: EP7202953

Gender: F

Address: - Region: OROMIA City: _____ Sub City: WOLLEGA Woreda: GUBU Kebele: SUYO H. No.: _____

Occupation: HOUSEMAID

Marital Status: MARRIED

Labor ID Number: _____

Contact Person in case of Emergency: Name ABUBEKER MOHAMMED

Telephone: 0920554859

2. Particulars of The Travel

Agency Name: AIKBA

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>ABU BERER MOHAMMED</u>	<u>HUSBAND</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: Rahimet

Signature: [Signature]

Date: 15/05/25