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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626796
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: ZETTUNA Father's Name: BECHIE G. Father's Name: WARKO

Date of Birth: 09 JAN 84 Place of Birth: ARSI Passport Number: EP6894053 Gender: F

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

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

Contact Person in case of Emergency: Name _____ Telephone: 0930603446

2. Particulars of The Travel

Agency Name: ALCABA 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>WENDEMO KENG</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: Zettuna Signature: [Signature] Date: 22/05/25