ኒያላ ኢንሹራንስ አ.ማ
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

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As indicated in the passport)

Name: TIRUMIRT Father's Name: TADESSE G. Father's Name: SHAJO.

Date of Birth: 11 SEP 85 Place of Birth: DANGILA Passport Number: EP7131402. Gender: F

Address: - Region: OROMIA City: Sub City: SHOA Woreda: Kebele: H. No.: DEBREZEIT.

Occupation: HOUSEMAID. Marital Status: MARRIED. Labor ID Number: EFVVU37668.

Contact Person in case of Emergency: Name ABEBE MOJO. Telephone: 0910280720.

Particulars of The Travel

Agency Name: AILABA. Agency Contact Name: Telephone:

Destination Country: QATAR. Departure (Effective) Date:

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
ABEBE MOJO.	HUSBAND		100%
		Total	100%

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

Name of Life Assured: ትሩሚርት ታደሰ ሻጆ Signature: Date: 3/04/25.