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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: EMEBET Father's Name: TSEGAYE G. Father's Name: AFIRASA

Date of Birth: 27-APR-88 Place of Birth: A-A Passport Number: EQ2800614 Gender: FEMALE

Address: - Region: OROMIYA City: AA Sub City: SENDEFABEKE Woreda: SENDEFABEKE Kebele: AA H. No.: AA

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: AA

Contact Person in case of Emergency: Name ERMIAS TSEGAYE Telephone: 09-13-30-71-31

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-47-36

Destination Country: QATAR Departure (Effective) Date: 18-06-2025

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>ERMIAS TSEGAYE</u>	<u>BROTHER</u>	<u>100%</u>	<u>09-13-30-71-31</u>
ii.	<u>AA</u>	<u>AA</u>	<u>AA</u>	<u>AA</u>
iii.	<u>AA</u>	<u>AA</u>	<u>AA</u>	<u>AA</u>
iv.	<u>AA</u>	<u>AA</u>	<u>AA</u>	<u>AA</u>
v.	<u>AA</u>	<u>AA</u>	<u>AA</u>	<u>AA</u>
vi.	<u>AA</u>	<u>AA</u>	<u>AA</u>	<u>AA</u>
vii.	<u>AA</u>	<u>AA</u>	<u>AA</u>	<u>AA</u>
			Total	100%

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

Name of Life Assured: Emebet Tsegaye Signature: [Signature] Date: 18-06-2025