



ኒላ አ.ንሹራንስ.አ.ማ

Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626708
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 printed in the passport)

Name: ASTER

Father's Name: GETNET

G. Father's Name: ASEFA

Date of Birth: 10 JAN 90 Place of Birth: SHUA Passport Number: EP6474100 Gender: F

Address: - Region: OROMIA City: _____ Sub City: SHAGER Woreda: LEGE DAF/LEGE DADI Kebele: _____ H. No.: _____

Occupation: HOUSEMAID

Marital Status: MARRIED

Labor ID Number: _____

Contact Person in case of Emergency: Name ZERIHUN SEBOKA Telephone: 0912662948

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>ZERIHUN</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: ASTER

Signature: [Signature]

Date: 22/03/25