



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

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Mestkerem Father's Name: Gedachew G. Father's Name: Leuna  
Date of Birth: 19-NOV-87 Place of Birth: Holota Passport Number: EP6323536 Gender: Female  
Address: - Region: Oromiya City: Holota Sub City: - Woreda: Holota Kebele: burka H. No.: mebu  
Occupation: Housemaid Marital Status: Married Labor ID Number: -  
Contact Person in case of Emergency: Name like Telephone: 0925688972

### 2. Particulars of The Travel

Agency Name: adey agency Agency Contact Name: neway Telephone: 0912808194  
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>Wornesh meshu</u>	<u>Father</u>	<u>100%</u>	<u>Oromiya 0934499015</u>
ii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
iii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
iv.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
v.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
vi.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
vii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
			<b>Total</b>	<b>100%</b>



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

Name of Life Assured: Mestkerem gedachew Signature: [Signature] Date: 02-NOV-24