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: Asma Father's Name: Shifa G. Father's Name: Seid

Date of Birth: 29 Nov-85 Place of Birth: Silte Passport Number: EP9283559 Gender: Female

Address: - Region: West Ethiopia City: Silte Sub City: Silte Woreda: Chumeri Kebele: - H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10611564

Contact Person in case of Emergency: Name Ezedin Shifa Telephone: 0983314239

2. **Particulars of The Travel**

Agency Name: Al- Kaba Agency Contact Name: Nejma Telephone: 0972302070

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.	Ezedin Shifa	Brother	100%	0983314239
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Asma Signature: Date: 30-Jan-25