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: Ikram Father's Name: Awol G. Father's Name: Seid

Date of Birth: 27-Jan-89 Place of Birth: Butajira Passport Number: EP9091600 Gender: Female

Address: - Region: Ethiopia City: Butajira Sub City: E.Gurage Woreda: 18 Kebele: Zebidar H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF-10868143

Contact Person in case of Emergency: Name Abdi Sesa Telephone: 0925606817

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809194

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.	Neja Awol	Brother	50%	Butajera/0951297894
ii.	Tewfiq Awol	Brother	50%	Butajera/0903394227
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 88 45 0911 25 94 56 011 5 62 82 62

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

Name of Life Assured: Ikram Awol **Signature:** _____ **Date:** 12-May-25