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Nyala Insurance S.C

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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: Tifare Father's Name: Bebela G. Father's Name: Delesa

Date of Birth: 11-Sep-93 Place of Birth: Ambo Passport Number: EP8663647 Gender: Female

Address: - Region: Oromia City: Ambo Sub City: Ambo Woreda: Elefa Kebele: Tusagn H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF11099613

Contact Person in case of Emergency: Name Lebeta Bebeta Telephone: 0910 616116

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Adway Telephone: 0912805194

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>Lebeta Bebeta</u>	<u>Brother</u>	<u>100%</u>	<u>0910 616116</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Tifare Bebeta Signature: [Signature] Date: 8-Apr-25

