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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: Mahlet Father's Name: Mulugate G. Father's Name: Hailemeskel

Date of Birth: 27-Dec-91 Place of Birth: wonji Passport Number: EP8552961 Gender: female

Address: - Region: Oromia City: Adama Sub City: Dembela Woreda: Yirrecha Kebele: - H. No.: -

Occupation: House maid Marital Status: Single Labor ID Number: -

Contact Person in case of Emergency: Name Roman Belachew Telephone: 0912317039

2. Particulars of The Travel

Agency Name: Aday Agency Agency Contact Name: Neway Telephone: 0912805494

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>Roman Belachew</u>	<u>mother</u>	<u>100%</u>	<u>Adama/0912317039</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>
			Total	100%



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

Name of Life Assured: Mahlet mulugate

Signature: [Signature]

Date: 09-Aug-2024