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: Hana Father's Name: Derke G. Father's Name: Hailis o

Date of Birth: 20 - Nov-91 Place of Birth: Wolayta Passport Number: EQ1033170 Gender: Female

Address: - Region: A-A City: Kir-kos Sub City: Kir-kos Woreda: 1 Kebele: 06 H. No.: -

Occupation: House maid Marital Status: Married Labor ID Number: EF10566955

Contact Person in case of Emergency: Name Alemayehu Semu Telephone: 0921663310

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway 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.	Alemayehu Semu	Husband	100%	A-A/0921663310
ii.				
iii.				
iv.				
v.				
vi.				
ii.				
		Total	100%	

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

me of Life Assured: Hana Signature: Date: 12-Dec-24