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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: Fatuma Father's Name: Wusman G. Father's Name: Yesuf

Date of Birth: 17-Jun-91 Place of Birth: kechema Passport Number: EP7505752 Gender: Female

Address: - Region: Oromia City: Shakiso Sub City: Shakiso Woreda: 9 Kebele: 15 H. No.: -

Occupation: House maid Marital Status: Single Labor ID Number: EF10638010

Contact Person in case of Emergency: Name Jabir wusman Telephone: 0928837061

### 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: neway 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>Suleiman wdsman</u>	<u>Brother</u>	<u>100%</u>	<u>Shakiso / 0916205177</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>



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

Name of Life Assured: Fatuma Wusman Signature: [Signature] Date: Feb-21-25