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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: Hunde Father's Name: Ejersa G. Father's Name: DUGO

Date of Birth: 12-SEP-95 Place of Birth: Bose+ Passport Number: EP7922474 Gender: Female

Address: - Region: oxomia City: E/shoa Sub City: Boosat Woreda: gecalule Kebele: H. No.:

Occupation: Housemade Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name degefa Ejersa Telephone: 0926335025

2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>degefa Ejersa</u>	<u>BROTHER</u>	<u>700%</u>	<u>Boosat / 0926335025</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: Hunde Ejersa Signature: [Signature] Date: 17-may-25