ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-62670
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: [illegible] Father's Name: [illegible] G. Father's Name: [illegible]

Date of Birth: 21 Oct 90 Place of Birth: SEDAN NEL TU Passport Number: EQ1375597 Gender: ሴት

Address: - Region: [illegible] City: ______ Sub City: [illegible] Woreda: [illegible] Kebele: ______ H. No.: ______

Occupation: የቤት ሰራተኛ Marital Status: ያላገባች Labor ID Number: ______

Contact Person in case of Emergency: Name [illegible] Telephone: 09 39701930

2. Particulars of The Travel

Agency Name: [illegible] Agency Contact Name: [illegible] Telephone: ______

Destination Country: QATAR Departure (Effective) Date: 29/01/2025

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
[illegible]	[illegible]	100%	0939701930
		Total	100%

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

Name of Life Assured: ______ **Signature:** ______ **Date:** ______