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: Amsale Father's Name: Woldesenbet G. Father's Name: Woldemariam

Date of Birth: 10-Jun-83 Place of Birth: Addis Ababa Passport Number: EP6529358 Gender: Female

Address: - Region: Addis Ababa City: A.A Sub City: Lideta Woreda: 05 Kebele: 05 H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10659140

Contact Person in case of Emergency: Name Abinet Yirga Telephone: 0911723709

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.	Yideneк Abinet	Niece	50%	A.A /0990244403
ii.	Messin Woldesenbet	Brother	50%	A.A /0921027963
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Amsale Woldesenbet **Signature:** _____ **Date:** 30-May-2025