



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: Mulu Father's Name: Asfaw G. Father's Name: mo konen

Date of Birth: 12-06-87 Place of Birth: Harbe Passport Number: E02537950 Gender: Female

Address: - Region: Oromia City: Boruja Sub City: Jadli Woreda: Hebe Kebele: 01 H. No.:

Occupation: Housemaid Marital Status: married Labor ID Number: EF11217970

Contact Person in case of Emergency: Name mahibaba Telephone: 0912636032

### 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>Addisu Terfe</u>	<u>Husband</u>	<u>100%</u>	<u>0902296856</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>
			<b>Total</b>	<b>100%</b>



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

Name of Life Assured: Mulu Asfaw mo konen Signature: [Signature] Date: 16/07/25