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**Nyala Insurance S.C**  
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P.O. Box: 12753, Addis Ababa, Ethiopia  
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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: OBSE Father's Name: BEYIRA G. Father's Name: ACHALU

Date of Birth: 14-DEC-87 Place of Birth: AMBO Passport Number: EQ2788120 Gender: FEMALE

Address: - Region: OROMIA City: \_\_\_\_\_ Sub City: AMBO Woreda: JIBATI Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSEMAID Marital Status: SINGLE Labor ID Number: EF11270053

Contact Person in case of Emergency: Name KEBEDE BEYIRA Telephone: 09-04-73-63-73

### 2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-11-28-47-36

Destination Country: QATAR Departure (Effective) Date: 14-06-2025

### 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
i.	<u>KEBEDE BEYIRA</u>	<u>BROTHER</u>	<u>100%</u>	<u>09-04-73-63-73</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: OBSE BEYIRA Signature: [Signature] Date: 14-06-2025