ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-[illegible]
Protection House, Miky Leltaw [illegible]
P.O. Box: 12753, Addis Ababa, [illegible]
e-mail: nisco @nyalainsurance.[illegible]

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: REGASA G. Father's Name: KUMA

Date of Birth: 19 DEC 89 Place of Birth: BAKO Passport Number: EP6973971 Gender: F

Address: - Region: OROMIA City: _____ Sub City: SHOA Woreda: HULUTA Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED. Labor ID Number: _____

Contact Person in case of Emergency: Name ARARSA REGASA Telephone: 0965181348

2. Particulars of The Travel

Agency Name: ALKARA. Agency Contact Name: _____ Telephone: _____

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.	ARARSA REGASA	BROTHER		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: MULU REGASA Signature: _____ Date: 23/07/25