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**Nyala Insurance S.C**

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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: FETIYA Father's Name: NUR G. Father's Name: JEMAL

Date of Birth: 17 FEB 87 Place of Birth: MAREKO Passport Number: EP8452625 Gender: F

Address: - Region: CIG City: GURAGI Sub City: BUTAJIRA Woreda: Kebele: H. No.:

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

Contact Person in case of Emergency: Name NESRU SANI Telephone: 0961605868

### 2. Particulars of The Travel

Agency Name: ALCARA Agency Contact Name: NALMAL Telephone: 0975606969

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>NESRU SANI</u>	<u>HUSBAND</u>	<u></u>	<u>100%</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: Selay Signature: [Signature] Date: 1/07/25