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Nyala Insurance S.C

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P.O. Box 11667, Addis Ababa, Ethiopia  
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## Foreign Employment Term Assurance (FETAP) Proposal Form

### Particulars of the Life Assured:

Mr./Ms./Mrs. HAWA  
Dated in the passport: 11 SEP 92  
Father's Name: AHMED G. Father's Name: YIMER  
Place of Birth: Wollo Passport Number: EQ1410914 Gender: F  
Region: AMHARA City: WOLLO Sub City: WOLLO Woreda: BORENA Kebele: II. No.:  
Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number:   
Contact Person in case of Emergency: Name YIMER AHMED Telephone: 0949913727

### Particulars of The Travel

Agency Name: ALCABA Agency Contact Name:  Telephone:   
Destination Country: QATAR Departure (Effective) Date:

### Beneficiary Information

I hereby assignee the policy benefits to the following 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
<u>YIMER AHMED</u>	<u>BROTHER</u>	<u>100%</u>	<u></u>

Total

100%

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

Name of Life Assured: Hawa Signature: [Signature] Date: 6/6/5/18