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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: Aberash Father's Name: Alemayehu G. Father's Name: Bira

Date of Birth: 29 Nov 88 Place of Birth: Shoa Passport Number: EP8946129 Gender: FEMALE

Address: - Region: Oromia City: Bishoftu Sub City: diverjitu Woreda: 01 Kebele: 01 H. No.:

Occupation: HOUSE maid Marital Status: married Labor ID Number: EfyIW33912

Contact Person in case of Emergency: Name KASU Alemayehu Telephone: 09 77160438

### 2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

Destination Country: ~~UAE~~ 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>Alemayehu Bira</u>	<u>Father</u>	<u>100%</u>	<u>09 67474533</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: Aberash Signature: [Signature] Date: 19/02/25