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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: Etene Father's Name: Atuni G. Father's Name: Tole

Date of Birth: 21 May 00 Place of Birth: mbese Passport Number: EB2811569 Gender: Female

Address: - Region: oromia City: Arsi Sub City: Arsi Woreda: mbese Kebele: 01 H. No.: -

Occupation: Housemaid Marital Status: married Labor ID Number: EF11239807

Contact Person in case of Emergency: Name Jewor washo Telephone: 0910948907

2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>Jewor washo</u>	<u>110% bank</u>	<u>100%</u>	<u>mbese</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>
			Total	100%

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

Name of Life Assured: Etene Atuni Signature: [Signature] Date: 24/07/25