ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
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: ABEBECH Father's Name: DIBABU G. Father's Name: URIGE

Date of Birth: 24 NOV 89 Place of Birth: SHOA Passport Number: EP1274017 Gender: F

Address: - Region: AMHARA City: _____ Sub City: DEBRBER Woreda: 09 Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name TADESE MAMO Telephone: 0912500694,

2. **Particulars of The Travel**

Agency Name: ALKABA Agency Contact Name: _____ Telephone: _____

Destination Country: QATAR Departure (Effective) Date: 23/01/25

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.	TADESE MAMO	HUSBAND		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: _____ **Signature:** _____ **Date:** 23/01/25