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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: worknesh Father's Name: Akmal G. Father's Name: Jabir

Date of Birth: 02-Jan-81 Place of Birth: Cumma Passport Number: EQ149373 Gender: female

Address: - Region: Shager City: Shager Sub City: Cheferesa Woreda: Gaige Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name yasin musa Telephone: 0913757859

2. Particulars of The Travel

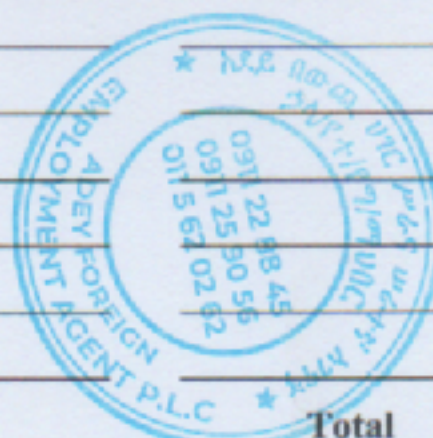
Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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>yasin musa</u>	<u>husband</u>	<u>100%</u>	<u>orenia/0913757859</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: worknesh Akmal Signature: [Signature] Date: 01-Jan-2025