ንያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 2
Protection House, Miky
P.O. Box: 12753, Addis Aba
e-mail: nisco@nyalainsurance

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: LEMLEM Father's Name: ATLAW G. Father's Name: MEREN.

Date of Birth: 30 OCT 87 Place of Birth: MEKI Passport Number: EP2085978 Gender: F

Address: - Region: OROMIA City: _____ Sub City: SHOA Woreda: MEK Kebele: H. No.:

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

Contact Person in case of Emergency: Name MESELE GURMA Telephone: 0924010167

2. Particulars of The Travel

Agency Name: ALCABA. Agency Contact Name: Telephone:

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.	MESELE GURMA	HUSBAND		LUCY
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	100%	

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

Name of Life Assured: LEMLEM ATLAW Signature: Date: 24/07/25/