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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: Chatu Father's Name: Sime G. Father's Name: Bedada

Date of Birth: 30-Nov-90 Place of Birth: Arsi Passport Number: EP8828360 Gender: Female

Address: - Region: Oromia City: Suluta Sub City: Suluta Woreda: 19 Kebele: 01 H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10225532

Contact Person in case of Emergency: Name Birhanu Tolu Telephone: 0912841131

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809194

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>Birhanu Tolu</u>	<u>Husband</u>	<u>50%</u>	<u>Suluta 10912841131</u>
ii.	<u>Elsene Sime</u>	<u>Sister</u>	<u>50%</u>	<u>Kara 0921922217</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Chatu Sime Signature: [Signature] Date: 30/4/2025