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Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Matta Father's Name: Getaneh G. Father's Name: Mashie

Date of Birth: 18-APR-86 Place of Birth: Godino Passport Number: EP9153640 Gender: f

Address: - Region: Oromia City: E/Slaw Sub City: Ada'a Woreda: 01 Kebele: 01 H. No.:

Occupation: House-wald Marital Status: M Labor ID Number:

Contact Person in case of Emergency: Name Solomon Alemu Telephone: 0911198770

2. Particulars of The Travel

Agency Name: BMG Agency Agency Contact Name: Getahun Telephone: 0911277320

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>Solomon Alemu</u>	<u>Husband</u>	<u>100%</u>	<u>0911198770</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: Matta Signature: [Signature] Date: 28/5/25