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Nyala Insurance S.C
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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: Asl Sha Father's Name: halid G. Father's Name: husen

Date of Birth: 28-sep-94 Place of Birth: Kewet Passport Number: EP8229824 Gender: female

Address: - Region: Ambara City: Dessie Sub City: _____ Woreda: _____ Kebele: _____ H. No.: _____

Occupation: housemaid Marital Status: Married Labor ID Number: EFTFE84332

Contact Person in case of Emergency: Name halid husen Telephone: 09-11-88-7660

2. Particulars of The Travel

Agency Name: Alex foreign employment Agency Agency Contact Name: Neway 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.	<u>Khalid husen</u>	<u>father</u>	<u>100%</u>	<u>Dessie/09-11-88-76</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Ansha kalid Signature: [Signature] Date: 1-01-25