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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: Misira Father's Name: Mohammed G. Father's Name: Aman

Date of Birth: 11 Oct 88 Place of Birth: Arsi Passport Number: EP8738049 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Hetosa Woreda: Damir Kebele: 02 H. No.: _____

Occupation: Housemade Marital Status: married Labor ID Number: EF1121122

Contact Person in case of Emergency: Name Tegenu derese Telephone: 0937382323

2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>Muhammed Gobe</u> | <u>Husband</u> | <u>100%</u> | <u>Adama/09</u> |
| ii. | _____ | _____ | _____ | _____ |
| iii. | _____ | _____ | _____ | _____ |
| iv. | _____ | _____ | _____ | _____ |
| v. | _____ | _____ | _____ | _____ |
| vi. | _____ | _____ | _____ | _____ |
| vii. | _____ | _____ | _____ | _____ |
| | | | Total | 100% |



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

Name of Life Assured: Misira Mohammed Signature: [Signature] Date: 17-june-25