ኒያላ ኢንሹራንስ አ.ማ
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: Haisha Father's Name: Nuri G. Father's Name: Mensur

Date of Birth: 9-Dec-85 Place of Birth: Silte Passport Number: EP9047812 Gender: F

Address: - Region: Central City: Kertie Sub City: - Woreda: Debebar Kebele: 01 H. No.: _____

Occupation: Housemaid Marital Status: Marriage Labor ID Number: _____

Contact Person in case of Emergency: Name Aman Telephone: 0904637026

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway Telephone: 0912805194

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.	Aman Sigebo	Husband	100%	Debebo/welebarak
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
	Total		**100%**	

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 88 45 0911 25 90 56 011 5 62 02 62

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

Name of Life Assured: Haisha **Signature:** _____ **Date:** 27-Nov-24