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: MESELECH Father's Name: DEMISE G. Father's Name: JELAMO

Date of Birth: 26 JUN 88 Place of Birth: KENBATA Passport Number: EQ1376163 Gender: F

Address: - Region: DEBUB City: _____ Sub City: HOSANA Woreda: DOYO GENA Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF10937015

Contact Person in case of Emergency: Name TEMESGEN ANOLO Telephone: 0916356531

2. Particulars of The Travel

Agency Name: ALKABA Agency Contact Name: _____ 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.	TEMESGEN ANOLO	HUSBAND		lodj
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: MESELCH DAMISE **Signature:** _____ **Date:** 16/03/25