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Nyala Insurance S.C

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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: Sofya Father's Name: Ahmed G. Father's Name: Yimam

Date of Birth: 9-Oct-83 Place of Birth: Wollo Passport Number: EP8179293 Gender: Female

Address: - Region: Amhara City: S. Wollo Sub City: Dessie Woreda: Kulabek Kebele: 03 H. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EF10255211

Contact Person in case of Emergency: Name Ansha Yimam Telephone: 0928391561

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 09128

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>Ansha Yimam</u>	<u>Mother</u>	<u>30%</u>	<u>A.A/0928391561</u>
ii.	<u>Indris Bezab</u>	<u>Husband</u>	<u>50%</u>	<u>Dessie/092621</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____



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

Name of Life Assured: Sofya Ahmed Signature: [Signature] Date: Mar-1-2025