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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: Kamse Father's Name: warigo G. Father's Name: Gemeda

Date of Birth: 19-Nov-96 Place of Birth: Ararso Passport Number: EP6653430 Gender: Female

Address: - Region: Oromia City: Shashemene Sub City: Gata Woreda: Tokosa Kebele: Gata H. No.: \_\_\_\_\_

Occupation: Housemaid Marital Status: Single Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Aman warigo Telephone: 0980166267

### 2. Particulars of The Travel

Agency Name: Beey Agency Agency Contact Name: Neway Telephone: 0912809194

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>warigo Gemeda</u>	<u>Father</u>	<u>100%</u>	<u>Ararso / 0980166267</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Kamse warigo Signature: [Signature] Date: 2-June-2025