



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: SIYFEN Father's Name: BEKELE G. Father's Name: ROBI

Date of Birth: 11 SEP 91 Place of Birth: GINBICHU Passport Number: EP8160554 Gender: F

Address: - Region: OROMIA City: _____ Sub City: CHEFE Woreda: GINBICHU Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: _____

Contact Person in case of Emergency: Name MABRAT BEKELE Telephone: 0920474724

2. Particulars of The Travel

Agency Name: AIKABA 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.	<u>MABRAT BEKELE</u>	<u>SISTER</u>		<u>100%</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: SIYFEN Signature: [Signature] Date: 23/12/24