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: Hana Father's Name: Bekele G.Father's Name: bishaye

Date of Birth: 09-Jan-80 Place of Birth: Adama Passport Number: EP6521152 Gender: female

Address: - Region: Amhara City: Dessie Sub City: Dessie Woreda: - Kebele: 01 H. No.: _____

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

Contact Person in case of Emergency: Name Muhamed Ahmed Telephone: 0963574142

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: neway Telephone: 0912878194

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.	Muhammed Ahmed	husband	100%	Amhara/0963574114
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 88 45 0911 25 90 56 011 562 02 62

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

Name of Life Assured: Hana Bekele **Signature:** _____ **Date:** 2-Oct-24