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: Tigist Father's Name: Tesfaye G. Father's Name: Alegn

Date of Birth: 11 Sep 92 Place of Birth: Bati Passport Number: EP8515829 Gender: Female

Address: - Region: Addis Ababa City: Feka Sub City: Feka Woreda: 10 Kebele: _____ H. No.: _____

Occupation: Housemaid Marital Status: Single Labor ID Number: EFFUV36397

Contact Person in case of Emergency: Name Tsehay Eshetu Telephone: 0986706002

2. Particulars of The Travel

Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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.	Werke Wolde	mother	100%	Wello
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total		**100%**

M Y Foreign Employment Agent P.L.C 0901 11 66 77

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

Name of Life Assured: Tigist Tesfaye **Signature:** _____ **Date:** 11-Aug-25