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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: Wudase Father's Name: Abayineh G. Father's Name: Fereje
Date of Birth: 12-Sep-99 Place of Birth: Jemjem Lebebatu Passport Number: EA2963623 Gender: Female
Address: - Region: Oromia City: Hoolata Sub City: Hoolata Woreda: 19 Kebele: Tulu Harba H. No.: _____
Occupation: housemaid Marital Status: single Labor ID Number: EF KHH 08701
Contact Person in case of Emergency: Name Nardos Abayineh Telephone: 09-33-94-13-60

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194
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>Nardos Abayineh</u>	<u>Sister</u>	<u>100%</u>	<u>A.A/0933941360</u>
ii. _____	_____	_____	_____
iii. _____	_____	_____	_____
iv. _____	_____	_____	_____
v. _____	_____	_____	_____
vi. _____	_____	_____	_____
vii. _____	_____	_____	_____
Total			100%

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

Name of Life Assured: Wudase Abayineh Signature: [Signature] Date: 9-Jun-2023