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: Meretu Father's Name: Deshure G. Father's Name: Temesgen

Date of Birth: 16-Nov 90 Place of Birth: Kersa Passport Number: EP8625555 Gender: Female

Address: - Region: A-A City: Kersa Sub City: Malima Woreda: — Kebele: — H. No.: —

Occupation: Housemaid Marital Status: Married Labor ID Number: EFK6423886

Contact Person in case of Emergency: Name Lema Telephone: 0947664651

2. Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Nejma Telephone: 0972302010

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.	Lema Girma	Husband	100%	0947664651
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Meretu **Signature:** MM **Date:** 19-Dec-24