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Nyala Insurance S.C

Tel: 251-116-6267, Fax: 251-116-6267
Protection Office, Miky Lelano Street
P.O. Box 1234, Addis Ababa, Ethiopia
e-mail: nyala@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Mr./Ms./Mrs.

(as stated in the passport)

LUBABA

Father's Name: MOHAMMED

G. Father's Name: AWAL

Date of Birth: 27 Nov 07

Place of Birth: GUNCHIRE

Passport Number: EQ1120606

Gender:

Region: AIA

City:

Sub City: BOLE

Woreda: 07 Kebele:

II. No.:

Occupation: HOUSEWIFE

Marital Status: SINGLE

Labor ID Number:

Next Person in case of Emergency: Name KERIM MOHAMMED

Telephone: 0973089152

Particulars of The Travel

Agency Name: ALKABA

Agency Contact Name:

Telephone:

Destination Country: QATAR

Departure (Effective) Date:

Beneficiary Information

Policy assignee the policy benefits to the following 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

KERIM MOHAMMED

BROTHER

100%

Total

100%

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

Signature of Life Assured:

Signature:

[Signature]

Date:

30/04/25