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Nyala Insurance S.C

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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: Hayat Father's Name: Maki G. Father's Name: Bushura

Date of Birth: 11-May-98 Place of Birth: Sachi Passport Number: EP6251403 Gender: Female

Address: - Region: Oromia City: Jimma Sub City: Jimma Woreda: Gumay Kebele: Ego H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EFFDL74084

Contact Person in case of Emergency: Name Shemesedin Meki Telephone: 0922083883

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>Meka Muktar</u>	<u>Mother</u>	<u>50%</u>	<u>Jimma/0972098092</u>
ii.	<u>Shemesedin Meki</u>	<u>Brother</u>	<u>50%</u>	<u>AA/0922083883</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Hayat Maki Signature: [Signature] Date: 22-4-2025