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: Derartu Father's Name: Aliy G. Father's Name: Hirbaye

Date of Birth: 1990-Apr-14 Place of Birth: Gerenbano Passport Number: EP6934158 Gender: F

Address: - Region: Oromiya City: Shashemene Sub City: Arese Woreda: ____ Kebele: ____ H. No.: ____

Occupation: House maid Marital Status: Single Labor ID Number: ____

Contact Person in case of Emergency: Name Godana Aliy Telephone: 0922815868

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.	Godana Aliy	Brother	100%	Arese
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	100%	

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

Name of Life Assured: Derartu **Signature:** ____ **Date:** 26-Nov-24

ADEY FOREIGN EMPLOYMENT AGENCY P.L.C 0911 22 88 45 0911 25 90 56 011 5 62 02 62