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**Nyala Insurance S.C**

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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: DERIBE Father's Name: TSEGA G. Father's Name: SENBITU

Date of Birth: 15 JUN 99 Place of Birth: ARSI Passport Number: EP7196946 Gender: F

Address: - Region: GROMIA City: I Sub City: ARSI Woreda: TULA Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name NAOL GURMA Telephone: 0927698508

### 2. Particulars of The Travel

Agency Name: ALLICABA Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Destination Country: QATAR Departure (Effective) Date: 22/01/25

### 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>NAOL GURMA</u>	<u>COUSIN</u>		<u>100%</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: \_\_\_\_\_ Signature: [Signature] Date: \_\_\_\_\_