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

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: [illegible] Father's Name: [illegible] G. Father's Name: [illegible]

Date of Birth: 09 JAN 86 Place of Birth: [illegible] Passport Number: 8377102 Gender: ሴት

Address: - Region: ትግራይ City: ________ Sub City: [illegible] Woreda: [illegible] Kebele: ______ H. No.: ______

Occupation: የቤት ሰራተኛ Marital Status: ያላገባች Labor ID Number: ____________

Contact Person in case of Emergency: Name [illegible] Telephone: 0913341864

2. **Particulars of The Travel**

Agency Name: [illegible] Agency Contact Name: ____________ Telephone: ____________

Destination Country: QATAR Departure (Effective) Date: 31/05/2024

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.	[illegible]	[illegible]	100%	ትግራይ/0908057169
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: [illegible] **Signature:** [signature] **Date:** 31/05/2024