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Nyala Insurance S.C

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P.O. Box: 12753, Addis Ababa, Ethiopia

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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: KIVA Father's Name: TESHOME G. Father's Name: BUNE

Date of Birth: 10 DEC 90 Place of Birth: BISHOFTU Passport Number: EQ2761438 Gender: F

Address: - Region: OROMIA City: BISHOFTU Sub City: BISHOFTU Woreda: ADA Kebele: ADA H. No.: ADA

Occupation: HOUSE MAINT Marital Status: MARRIED Labor ID Number: ADA

Contact Person in case of Emergency: Name BEMNET TESHAYE Telephone: 0910276131

2. Particulars of The Travel

Agency Name: ALICABA Agency Contact Name: NAWAL Telephone: 0957696989

Destination Country: QATAR Departure (Effective) Date: ADA

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>BEMNET TESHAYE</u>	<u>HUSBAND</u>	<u>100%</u>	<u>100%</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: KIVA Signature: KIVA Date: 4/10/20