



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: Seada Father's Name: Ahmed G. Father's Name: Mohammed

Date of Birth: 15-Nov-97 Place of Birth: Alehamu Passport Number: EQ1940611 Gender: Female

Address: - Region: Amhara City: Siwo Sub City: Wera ilu Woreda: Wera ilu Kebele: II. No.:

Occupation: house maid Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Suleyman girma Telephone: 0914762321

### 2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>Siham Jemal</u>	<u>Child</u>	<u>100%</u>	<u>wera ilu</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Seada Ahmed Signature: [Signature] Date: 27-feb-25