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**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: Medina Father's Name: Eshetu G. Father's Name: Argaw

Date of Birth: 17/11/81 Place of Birth: Woliso Passport Number: 607658096 Gender: female

Address: - Region: Amhara City: Siwono Sub City: Dessie Woreda: Deesie Zuria Kebele: 032 H. No.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: married Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name Ebrahim Telephone: 0936756441

### 2. Particulars of The Travel

Agency Name: aday agency Agency Contact Name: Pleway 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.	<u>Ebrahim Andris</u>	<u>husband</u>	<u>100%</u>	<u>Amhara/0936 756 441</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: Medina Eshetu Signature: [Signature] Date: 30-Aug-24