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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: TIGIST Father's Name: BIRHANU G. Father's Name: GEBRGIORGIS

Date of Birth: 17 FEB 84 Place of Birth: ARSI Passport Number: EP7373153 Gender: F

Address: - Region: GROMIA City: ARSI Sub City: ARSI Woreda: LOPE Kebele: HITUSA H. No.:

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: EF10257221

Contact Person in case of Emergency: Name MULGETA MENGESTU Telephone: 0945774303

2. Particulars of The Travel

Agency Name: ALIKABA Agency Contact Name: Telephone:

Destination Country: QATAR Departure (Effective) Date: 24/01/25

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>MULGETA MENGESTU</u> | <u>HUSBAND</u> | <u></u> | <u>100%</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> |
| | | | Total | 100% |

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

Name of Life Assured: Tigist Signature: [Signature] Date: