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**Nyala Insurance S.C**

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Protection House, Miky Leland Street  
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: Addis Father's Name: Taye G. Father's Name: Roba

Date of Birth: 29-sep-94 Place of Birth: Addis Ababa Passport Number: EP6643152 Gender: Female

Address: - Region: Oromia City: Shikar Sub City: Shakiso Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

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

Contact Person in case of Emergency: Name Teferi Legesse Telephone: 0953387442

### 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nenay 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>Teferi Legesse</u>	<u>Husband</u>	<u>100%</u>	<u>Shakiso 0953387442</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: Addis Taye

Signature: [Signature]

Date: 18-oct-2024