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: Barite Father's Name: Kedir G. Father's Name: Bedaso

Date of Birth: 11-Sep-92 Place of Birth: Dema Passport Number: EQ1138288 Gender: F

Address: - Region: Oromia City: Grabamo Sub City: _____ Woreda: ____ Kebele: ____ H. No.: _____

Occupation: Housemaid Marital Status: Marriage Labor ID Number: _____

Contact Person in case of Emergency: Name Kedir Telephone: 0908435483

2. Particulars of The Travel

Agency Name: Adey Agenay Agency Contact Name: Nway 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.	Jemal belo	Husband	100%	Oromiya/0908435483
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total		100%

ADEY ABEBA INTERNATIONAL EMPLOYMENT AGENCY
0911 22 88 45
0911 25 90 56
011 5 62 02 62

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

Name of Life Assured: Barite **Signature:** _____ **Date:** 28-Nov-24