ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12763, 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: ~~TOYBA~~ TOYIBA Father's Name: HASSEN G. Father's Name: Ali

Date of Birth: 15-FEB-87 Place of Birth: MERSA Passport Number: EP9180344 Gender: F

Address: - Region: AMHARA City: Sub City: WOLLO Woreda: HARA Kebele: H. No.:

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

Contact Person in case of Emergency: Name JENETI HASSEN Telephone: 0991519783

2. **Particulars of The Travel**

Agency Name: ALKABA Agency Contact Name: Telephone:

Destination Country: QATAR Departure (Effective) Date: 25/11/24

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.	JENETI HASSEN	MATHER		100%
ii.				
iii.				
iv.				
v.				
vi.				
			Total	100%

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

Name of Life Assured: TOYIBA Signature: Date: