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: Deramatu Father's Name: Girma G. Father's Name: Leta

Date of Birth: 19-Jun-86 Place of Birth: Wollega Passport Number: EP7930109 Gender: Female

Address: - Region: Oromia City: Ambo Sub City: Wollega Woreda: Gusu Kore Kebele: 01 H. No.: New

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

Contact Person in case of Emergency: Name Zewde Tefera Telephone: 0920117096

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nowcy Telephone: 0912805794

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.	Zewde Tefera	Spouse	100%	0920117096
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Deramatu Girma **Signature:** _____ **Date:** 7-June-25