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

Particulars of the Life Assured:

Mr./Mis./Mrs.
printed in the passport)

Name: Letebrhan Father's Name: Tekula G. Father's Name: Kidego

Date of Birth: 20-Oct 90 Place of Birth: Adwa Passport Number: EP6926997 Gender: Female

Address: - Region: A.A City: A.A Sub City: Lemikura Woreda: 02 Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name Tesfay Tekula Telephone: 0914174992

Particulars of The Travel

Agency Name: Al-Ikaba Agency Contact Name: Nejwa Telephone: 0972302do

Destination Country: Qatar Departure (Effective) Date: _____

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
Tesfay Tekula	Brother	100 %	0914174992
		Total	100%

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

Name of Life Assured: Letebrhan Signature: Letebrhan Date: 21-Feb-25