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**Nyala Insurance S.C**  
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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: TARIKUA Father's Name: DANTE G. Father's Name: YIMER

Date of Birth: 11 SEP 94 Place of Birth: GABENG Passport Number: EG1169919 Gender: F

Address: - Region: OROMIA City: ADDIS Sub City: JIMMA Woreda: AGARU Kebele:  H. No.:

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

Contact Person in case of Emergency: Name METEKU DEREJE Telephone: 0910467429

### 2. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name:  Telephone:

Destination Country: QATAR Departure (Effective) Date: 24/01/25

### 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>METEKU DEREJE</u>	<u>HUSBAND</u>	<u></u>	<u>100%</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: TARIKUA Signature: [Signature] Date: