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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: MESERET Father's Name: DIRBA G. Father's Name: DEBELE

Date of Birth: 22 DEC 89 Place of Birth: ARSI Passport Number: EP6550172 Gender: F.

Address: - Region: OROMIA City: SHAGER Sub City: WALCHAWO Woreda: LAGA Kebele: LAGA H. No.:

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

Contact Person in case of Emergency: Name AYLECHE DERABA Telephone: 0907681870

2. Particulars of The Travel

Agency Name: ALCABA Agency Contact Name: Telephone:

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.	<u>AYLECHE DERABA</u>	<u>SISTER</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>
			Total	100%

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

Name of Life Assured: Meseret Signature: [Signature] Date: 29/05/25