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Nyala Insurance S.C

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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: Halfiya Father's Name: Weyo G. Father's Name: kabato
Date of Birth: 7-Feb-88 Place of Birth: Argi Passport Number: EP6433161 Gender: Female
Address: - Region: Oromia City: shashaman Sub City: - Woreda: shashaman Kebele: - H. No.: -
Occupation: Housemaid Marital Status: Divorced Labor ID Number: EF10833957
Contact Person in case of Emergency: Name Hlashe Telephone: 0916473489

2. Particulars of The Travel

Agency Name: Al-kaba Agency Contact Name: Nojwa Telephone: 0972302060
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>Weyo Kabato</u>	<u>Father</u>	<u>100%</u>	<u>0996120049</u>
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
Total			100%	

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

Name of Life Assured: Halfiya Signature: [Signature] Date: 3-Feb-25