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Nyala Insurance S.C

Tel: 251-116-626687, Fax: 251-116-62670
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

I. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: TENAYE Father's Name: DESTA G. Father's Name: SULORO

Date of Birth: 10 FEB 93 Place of Birth: MORSITO Passport Number: EP724450 Gender: F

Address: - Region: DEBUB City: _____ Sub City: HOSANA Woreda: HADIKA Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: _____

Contact Person in case of Emergency: Name ALEKAL DESTA Telephone: 0910 370115

II. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name: _____ Telephone: _____

Destination Country: QATAR Departure (Effective) Date: _____

III. 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>ALEKAL DESTA</u>	<u>BROTHER</u>	<u>100%</u>	
II.				
III.				
IV.				
V.				
VI.				
VII.				
			Total	100%

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

Name of Life Assured: Tenaye githhe Signature: [Signature] Date: 7/03/25