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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: Weyinsnet Father's Name: Weshenfru G. Father's Name: Endale
Date of Birth: 22-Oct-86 Place of Birth: Fiche Passport Number: EP7947241 Gender: Female
Address: - Region: Oromia City: Fiche Sub City: N. Shoa Woreda: 01 Kebele: Gara H. No.: -
Occupation: Housemaid Marital Status: Married Labor ID Number: SCFP039686
Contact Person in case of Emergency: Name Bizuayew Girma Telephone: 0969130428

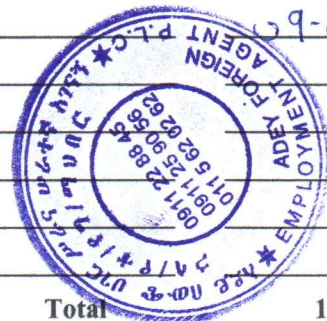
2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809194
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>Bizuayew Girma</u>	<u>Husband</u>	<u>100%</u>	<u>Fiche / 09-69-13-04-28</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Weyinsnet Weshenfru Signature: [Signature] Date: 30-Jul-2025