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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: Birtukan Father's Name: Demena G. Father's Name: Bali

Date of Birth: 11-Sep-88 Place of Birth: Meseraniye Abay Passport Number: EA2943493 Gender: Female

Address: - Region: Oromia City: Arsi Sub City: Arsi Woreda: Rok Kebele: 09 H. No.: —

Occupation: Housemaid Marital Status: Single Labor ID Number: EF11247319

Contact Person in case of Emergency: Name Haile Demena Telephone: 0927329640

2. Particulars of The Travel

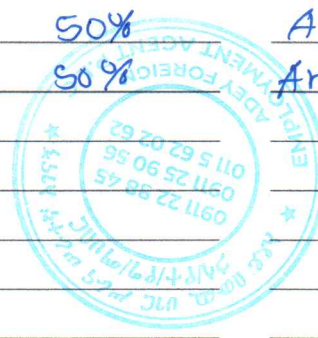
Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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>Demena Bali</u>	<u>Father</u>	<u>50%</u>	<u>Arsi/0923162625</u>
ii.	<u>Asnakech Asefu</u>	<u>Mother</u>	<u>50%</u>	<u>Arsi/0927329640</u>
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Birtukan Demena Signature: [Signature] Date: 11-Jun-2025