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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: Ambise Father's Name: Tefasa G. Father's Name: Abebe

Date of Birth: 12-Sep-91 Place of Birth: Sebeta Passport Number: EP7493927 Gender: Female

Address: - Region: A.A City: A.A Sub City: Lafso Woreda: 14 Kebele: 18 H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10661402

Contact Person in case of Emergency: Name Abdi Gulfa Telephone: 0944866600

2. Particulars of The Travel

Agency Name: Aley Agency Agency Contact Name: Neway Telephone: 091285194

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>Meseret Hindalu</u>	<u>Mother</u>	<u>50%</u>	<u>Burayu / 0913899998</u>
ii.	<u>Abdi Gulfa</u>	<u>Husband</u>	<u>50%</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: Ambise Signature:  Date: 20-May-2025