ኒያላ ኢንሹራንስ አ.ማ
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: Mes Kerem Father's Name: Getachew G. Father's Name: Yosef

Date of Birth: 11-Sep-90 Place of Birth: Dila Passport Number: EP8507426 Gender: Female

Address: - Region: Awasa City: Tabor Sub City: Tabor Woreda: 08 Kebele: 19 H. No.: —

Occupation: Housemaid Marital Status: Married Labor ID Number: ER 1059938

Contact Person in case of Emergency: Name Noway Gebeta Telephone: 09 05 13 55 35

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Noway 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.	Noway Gebeta	Brother	100%	0905135535
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Meskerem Gebeta **Signature:** _____ **Date:** 7-Apr-25