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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: MULU Father's Name: TELAHUN G. Father's Name: WELDEMESKEL

Date of Birth: 12 AUG 93 Place of Birth: DENDI Passport Number: EP7224042 Gender: F

Address: - Region: OROMIA City: \_\_\_\_\_ Sub City: SHAGER Woreda: MEIKA Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSE MAID Marital Status: DIVORCE Labor ID Number: GLFERSH

Contact Person in case of Emergency: Name DEMISE LEMA, Telephone: 0912208899.

### 2. Particulars of The Travel

Agency Name: ALKAJA Agency Contact Name: NAWAL Telephone: 0975696969

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>DEMISE LEMA</u>	<u>BROTHER</u>	<u>100%</u>	<u>100%</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Mulu Signature: [Signature] Date: 3/06/25