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: Misra Father's Name: Muhamed G. Father's Name: Adem

Date of Birth: 15-Mar-92 Place of Birth: Basho Passport Number: EP7022065 Gender: Female

Address: - Region: Addis Ababa City: A.A Sub City: Addis Ketema Woreda: 09 Kebele: 01 H. No.: -

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

Contact Person in case of Emergency: Name Desenu Tesfaye Telephone: 0958857810

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.	Muhamed Adem	Famer	60%	Arsi/0913882241
ii.	Desenu Tesfaye	Husband	50%	Arsi/0925999672
iii.				
iv.				
v.				
vi.				
vii.				
		Total	**100%**	

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 88 45 0911 25 80 56 011 5 62 02 62

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

Name of Life Assured: Misra Muhamed **Signature:** _____ **Date:** 2-Apr-25