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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@nyalainurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

I. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: SIMEGIN Father's Name: TEWODROS G. Father's Name: BEKELE

Date of Birth: 11 SEP 89 Place of Birth: MUNES Passport Number: EP6598401 Gender: F

Address: - Region: OROMIA City: _____ Sub City: ARSI Woreda: MUNESA Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name MARSHA AYELE Telephone: 0946231031

II. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name: _____ Telephone: _____

Destination Country: QATAR Departure (Effective) Date: _____

III. 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>MARSHA AYELE</u>	<u>HUSBAND</u>	<u>100%</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Simegn. Signature: [Signature] Date: 19/10/25