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: Areegash Father's Name: Tola G. Father's Name: Eshetu

Date of Birth: 27-Apr-88 Place of Birth: Arsinegelo Passport Number: EP8812571 Gender: F

Address: - Region: Sheger City: Kobbo Sub City: Gefersa Woreda: – Kebele: – H. No.: _____

Occupation: House maid Marital Status: Marriage Labor ID Number: _____

Contact Person in case of Emergency: Name Kebedu Alemo Telephone: 0913757746

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nowaye 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.	Kebedu Alemo	Mother	100%	Shashamanie
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total		100%

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

Name of Life Assured: Areegash **Signature:** _____ **Date:** 26-Nov-24