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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@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: Chaltu Father's Name: Guta G. Father's Name: Lemesa

Date of Birth: 18-Jun-87 Place of Birth: Arsi Passport Number: EG1128798 Gender:

Address: - Region: Oromia City: Jetu Sub City: Tiketa Woreda: Jetu Kebele: - H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10739647

Contact Person in case of Emergency: Name Mengistu Derese Telephone: 09-19-35-70-60

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809194

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>Mengistu Derese</u>	<u>Husband</u>	<u>100%</u>	<u>W. Shoaq 0919357060</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></u>	<u></u>
iv.	<u></u>	<u></u>	<u></u>	<u></u>
v.	<u></u>	<u></u>	<u></u>	<u></u>
vi.	<u></u>	<u></u>	<u></u>	<u></u>
vii.	<u></u>	<u></u>	<u></u>	<u></u>
			Total	100%

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

Name of Life Assured: Chaltu Guta Signature: [Signature] Date: 19-Jul-25