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: Birhane Father's Name: Shawl G. Father's Name: Tecka

Date of Birth: 21-03-81 Place of Birth: Shewa Passport Number: EP9180897 Gender: F

Address: - Region: Oromia City: W. Shewa Sub City: Gindhi Woreda: Denak Kebele: 1 H. No.: -

Occupation: House maid Marital Status: Married Labor ID Number: EF10558798

Contact Person in case of Emergency: Name Tejitu Shawl Telephone: 0948279990

## 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

Destination Country: Qater 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. | Tejitu Shawl | Sister | 100% | 0948279990 |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |
| vi. | | | | |
| vii. | | | | |
| | | | Total | 100% |

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

Name of Life Assured: Birhane Shawl Signature: Birhane Date: 10/06/2025