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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: Addis Father's Name: Teshome G. Father's Name: Workneh

Date of Birth: 12-Jul-87 Place of Birth: Addis Ababa Passport Number: EP8593394 Gender: Female

Address: - Region: A-A City: A-A Sub City: - Woreda: 8 Kebele: - H. No.: -

Occupation: House maid Marital Status: Married Labor ID Number: EFHP13407

Contact Person in case of Emergency: Name Senayet Telephone: 0910858496

### 2. Particulars of The Travel

Agency Name: Al-kaba Agency Contact Name: Nejma Telephone: 0972302010

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>Yemariam Tamerat</u>	<u>Daughter</u>	<u>100 %</u>	<u>0911307260</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>
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Addis Signature: [Signature] Date: 19-Dec-24