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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: GENET Father's Name: AYALEW G. Father's Name: MUSA

Date of Birth: 23 JUN 84 Place of Birth: WOLLO Passport Number: EP779934 Gender: F

Address: - Region: AMHARA City: WOLLO Sub City: WOLLO Woreda: WEN Kebele: AMBA H. No.:           

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

Contact Person in case of Emergency: Name OMER AHMED Telephone: 0909436620

### 2. Particulars of The Travel

Agency Name: AIKABA Agency Contact Name:            Telephone:           

Destination Country: QATAR Departure (Effective) Date: 4/11/25

### 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>OMER AHMED</u>	<u>HUSBAND</u>	<u>          </u>	<u>100%</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: Genet Ayalew Signature:            Date: 4/11/25