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: Birtukan Father's Name: Abatemam G. Father's Name: Ababulgu

Date of Birth: 3-May-98 Place of Birth: Mencho Passport Number: EB1292220 Gender: Female

Address: - Region: Oromia City: Jima Sub City: Jima Woreda: Mencho Kebele: Gusay H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF1116873J

Contact Person in case of Emergency: Name Fethi Aba Temam Telephone: 0954604197

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway 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.	Fethi Aba Temam	Brother	50%	Jima/0954604197
ii.	Fatuma Aba Temam	Sister	50%	Jima/09
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Birtukan Abatemam **Signature:** _____ **Date:** 9-May-25