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: Fikirte Father's Name: Ali G. Father's Name: Nuriye

Date of Birth: 10-May-84 Place of Birth: Addis Ababa Passport Number: EP8311434 Gender: Female

Address: - Region: Addis Ababa City: Addis Ababa Sub City: Lafto Woreda: 10 Kebele: 08 H. No.: —

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

Contact Person in case of Emergency: Name Habtamu Sitota Telephone: 0911794095

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.	Habtamu Sitota	Husband	50%	A.A/0911794095
ii.	Yeshi Asefa	Mother	50%	A.A/0912702758
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Fikirte Ali **Signature:** _____ **Date:** 27-Mar-25