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**Nyala Insurance S.C**  
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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Hiwot Father's Name: Fekadu G. Father's Name: Geletu

Date of Birth: 21-Jun-88 Place of Birth: A.A Passport Number: EP7211267 Gender: female

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

Occupation: House maid Marital Status: married Labor ID Number: -

Contact Person in case of Emergency: Name Abera Gebre Telephone: 0911692095

### 2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: neway Telephone: 012805494

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>Abera Gebre</u>	<u>Husband</u>	<u>100%</u>	<u>AA/0911692095</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: Hiwot Fekadu

Signature: [Signature]

Date: 09-Aug-2024