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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: Chaitu Father's Name: Debebe G. Father's Name: Leona

Date of Birth: 20 mar 99 Place of Birth: Araki Passport Number: EP6794634 Gender: F

Address: - Region: Oromia City: Finfine Sub City: \_\_\_\_\_ Woreda: Araki Kebele: Gebr H. No.: \_\_\_\_\_

Occupation: House maid Marital Status: Single Labor ID Number: EF10568130

Contact Person in case of Emergency: Name Gezahegn debebe Telephone: 0945110150

### 2. Particulars of The Travel

Agency Name: BMG Agency Agency Contact Name: Getahun Telephone: 0911277320

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.			
ii. <u>Gezahegn debebe</u>	<u>Relative</u>	<u>100%</u>	<u>0945110150</u>
iii.			
iv.			
v.			
vi.			
vii.			
Total			100%

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

Name of Life Assured: Chaitu Signature: [Signature] Date: 30/12/24