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: HANA Father's Name: BUROK G. Father's Name: FAYE

Date of Birth: 13 AUG 98 Place of Birth: EJERE Passport Number: EP6939016 Gender: F

Address: - Region: OROMIA City: _____ Sub City: SULULTA Woreda: FECHE Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: _____

Contact Person in case of Emergency: Name GUTEMA BUROK Telephone: 0930567483

2. Particulars of The Travel

Agency Name: ALLOANSA Agency Contact Name: NAWAL Telephone: _____

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.	GUTEMA BUROK	BROTHER		1600
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: HANA **Signature:** BUROK **Date:** 3/6/25