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: Lamerot Father's Name: Tesfaye G. Father's Name: Nagash

Date of Birth: 29-Jun-01 Place of Birth: Sole Passport Number: EP6617439 Gender: female

Address: - Region: oromia City: Arsi Sub City: ~~Arsi~~ Woreda: shireta Kebele: Sole H. No.: New

Occupation: House maid Marital Status: single Labor ID Number: Ef10801825

Contact Person in case of Emergency: Name Yedene kachew Negasha Telephone: 09 10219488

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Nway Telephone: 09128051

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.	Bugi Getachew	Mother	100%	Dukab 0966850854
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Lamerot Tesfaye **Signature:** _____ **Date:** 14-Apr-25