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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: Askaie Father's Name: Negese G. Father's Name: Debele

Date of Birth: 29-Mar-86 Place of Birth: Shoa Passport Number: 802963975 Gender: Female

Address: - Region: Oromia City: Sheger Sub City: Gegese Gule Woreda: 20660 Kebele: - H. No.: -

Occupation: Housemaid Marital Status: married Labor ID Number: -

Contact Person in case of Emergency: Name Dhaba Diriba Telephone: 09-65-69-11-96

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912809194

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>Dhaba Diriba</u>	<u>-</u>	<u>50%</u>	<u>Sheger 10965691136</u>
ii.	<u>Ababu Negese</u>	<u>Sister</u>	<u>50%</u>	<u>Gule/0910901358</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>
			Total	100%

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

Name of Life Assured: Askaie Negese Signature: [Signature] Date: 23-Jun-25