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: EREHIMA Father's Name: ADEM G. Father's Name: ENDRE

Date of Birth: 19-NOV-94 Place of Birth: GENETE Passport Number: EQ1842982 Gender: FEMALE

Address: - Region: AMHARA City: _____ Sub City: WOLLO Woreda: LEGAMBO Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF10875761

Contact Person in case of Emergency: Name MARIAMA AWAL Telephone: 09-14-91-36-84

2. **Particulars of The Travel**

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-

Destination Country: QATAR Departure (Effective) Date: 14-06-2025

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.	MARIAMA AWAL	MOTHER	100%	09-14-91-36-84
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: [illegible] Signature: _____ Date: 14-06-2025