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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: DOMOZE Father's Name: JANBO G. Father's Name: ABO

Date of Birth: 21-DEC-87 Place of Birth: ADAMA Passport Number: EP6599748 Gender: F

Address: - Region: OROMIA City: _____ Sub City: ADAMA Woreda: _____ Kebele: EJERSA MARSA H. No.: _____

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

Contact Person in case of Emergency: Name _____ Telephone: _____

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: _____ 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.	<u>SHIMELIS JANBO</u>	<u>BROTHER</u>	<u>100%</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: DAMOZE JANBO Signature: [Signature] Date: 8-5-2025