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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: Tsigereda Father's Name: belay G. Father's Name: terru

Date of Birth: 31-Oct-90 Place of Birth: Gondar Passport Number: 6p9078379 Gender: _____

Address: - Region: Amhara City: Gondar Sub City: Gondar Woreda: 20bil Kebele: Gebriel H. No.: _____

Occupation: Housemaid Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name Raymanot belay Telephone: 0922657804

2. Particulars of The Travel

Agency Name: Adley agency Agency Contact Name: Debay Telephone: 0912825194

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>Hana belay</u>	<u>Sister</u>	<u>100%</u>	<u>Amhara 0918787824</u>
ii.	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</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: Tsigereda belay Signature: [Signature] Date: 17-Oct-24