ንያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626657, Fax: 251-116-628706
Protection House, Miky Leland Street
P.O. Box: 12763, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. **Particulars of the Life Assured:**

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: BUZU Father's Name: BOJA G. Father's Name: MEKONNEN

Date of Birth: 6-MAR-89 Place of Birth: DEBREZEIT Passport Number: EQ2256855 Gender: FEMALE

Address: - Region: OROMIYA City: ~~EA~~ Sub City: EAST SHOA Woreda: LUME Kebele: H. No.:

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number:

Contact Person in case of Emergency: Name BOJA MEKONNEN Telephone: 09-23-0028-38

2. **Particulars of The Travel**

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-74-69-69-69

Destination Country: QATAR Departure (Effective) Date: 18-07-2025

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.	BOJA MEKONNEN	FATHER	100 %	09-23-00-28-38
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total	100%	

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

Name of Life Assured: BUZU Boja Signature: ~~BM~~ Date: 18-07-2025