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

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(printed in the passport)

Name: Abenash Father's Name: Alemayew G. Father's Name: Gebre Wold

Date of Birth: 11-Sep-93 Place of Birth: Enchini Passport Number: EQ1478981 Gender: Female

Address: - Region: Oromia City: Enchini Sub City: Harbu Woreda: — Kebele: — H. No.: —

Occupation: Housemaid Marital Status: Single Labor ID Number: EF10815880

Contact Person in case of Emergency: Name Mareshti Raba Telephone: 0937456285

Particulars of The Travel

Agency Name: Al-Kabq Agency Contact Name: Nejwa Telephone: 0972302010

Destination Country: Qatar Departure (Effective) Date: _____

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.	Genet Hagos	Aunt	100%	0939154037
II.				
III.				
IV.				
V.				
VI.				
VII.				
			Total	100%

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

Name of Life Assured: Abenash Signature: ~~~~ Date: 3-Feb-25