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: Hawa Father's Name: Seid G. Father's Name: Mohammed

Date of Birth: 20-Sep-89 Place of Birth: Wollo Passport Number: EP9276164 Gender: Female

Address: - Region: Amhara City: Wollo Sub City: Haig Woreda: 08 Kebele: - H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: EF10713504

Contact Person in case of Emergency: Name Adem Mohammed Telephone: 0913540390

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805149

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.	Adem Mohammed	Husband	100%	Hayat/0913540390
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

ADEY FOREIGN EMPLOYMENT AGENT P.L.C 0911 22 88 45 0911 25 90 56 011 5 62 02 62

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

Name of Life Assured: Hawa Seid **Signature:** _____ **Date:** 23-Dec-24