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: Selamawit Father's Name: Adugna G. Father's Name: Aromayehus

Date of Birth: 30-Jul-88 Place of Birth: Addis Ababa Passport Number: EP0250395476 Gender: Female

Address: - Region: A.A City: A.A Sub City: Addis Ketema Woreda: 08 Kebele: 09 H. No.: —

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

Contact Person in case of Emergency: Name Mebrat Adugna Telephone: 0908089083

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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.	Mebrat Adugna	Sister	50%	A.A/0908089083
ii.	Tirunesh Muzeni	Mother	50%	A.A/0913167829
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Selamawit Adugna Signature: _____ Date: 28-5-2025