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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: Zeyneba Father's Name: Jenbo G. Father's Name: Aliy
Date of Birth: 12-Sep-91 Place of Birth: Dadota Akem Passport Number: Ep8975258 Gender: Female
Address: - Region: oromia City: Arsi Sub City: Arsi Woreda: Dado Kebele: _____ H. No.: _____
Occupation: Housemaid Marital Status: married Labor ID Number: _____
Contact Person in case of Emergency: Name Abaye Sulte Telephone: 0919219923

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.	<u>Abo Bati</u>	<u>husband</u>	<u>100%</u>	<u>oromia/0962039920</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Zeyneba Jenbo Signature: [Signature] Date: 4-Dec-2024