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: ETENESH Father's Name: MENGESHA G. Father's Name: TEKLU

Date of Birth: 13 SEP 87 Place of Birth: ALA Passport Number: EP8630646 Gender: F

Address: - Region: ALA City: _____ Sub City: YEKA Woreda: 4 Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: DIVORCE Labor ID Number: _____

Contact Person in case of Emergency: Name MEKONEN MENGESHA Telephone: 0910535941

2. Particulars of The Travel

Agency Name: ALKABA. Agency Contact Name: _____ Telephone: _____

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.	MEKONEN MENGESHA	BROTHER		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Eteshemengsha Signature: _____ Date: 19/05/25