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**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: Tigist Father's Name: Tifera G. Father's Name: kebede

Date of Birth: 13-Jan-86 Place of Birth: Lalo Chaka Passport Number: EP6690055 Gender: Female

Address: - Region: Oromia City: Arssi Sub City: Arssi Woreda: Arssi Kebele: Arssi H. No.: Arssi

Occupation: Housemaid Marital Status: Married Labor ID Number: EF11269219

Contact Person in case of Emergency: Name Yeftesera Abbe Telephone: 0990578668

### 2. Particulars of The Travel

Agency Name: AJoy Agency Agency Contact Name: Nway Telephone: 0912809194

Destination Country: Qatar Departure (Effective) Date: Arssi

### 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>Yeftesera Abbe</u>	<u>Mother</u>	<u>50%</u>	<u>Asela / 0990578668</u>
ii.	<u>Biruk Mekonnen</u>	<u>Son</u>	<u>50%</u>	<u>Asela / 0925216824</u>
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Tigist Tifera Signature: [Signature] Date: 17-Jun-25