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**Nyala Insurance S.C**

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Protection House, Miky Leland Street

P.O. Box: 12753, Addis Ababa, Ethiopia

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## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

As printed in the passport)

Name: GENET

Father's Name: SHEWNGZAW

G. Father's Name: SIYUM

Date of Birth: 30 AUG 89 Place of Birth: AIA Passport Number: EP656

Gender: F

Address: - Region: AIA City: \_\_\_\_\_ Sub City: ARADA Woreda: 8 Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_

Occupation: HOUSE MAID Marital Status: SINGLE Labor ID Number: \_\_\_\_\_

Contact Person in case of Emergency: Name HAILEY SHEWNGZAW Telephone: 09 22 614039

### 2. Particulars of The Travel

Agency Name: AIKABA 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.	<u>HAILEY SHEWNGZAW</u>	<u>BROTHER</u>	<u>100%</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			<b>Total</b>	<b>100%</b>

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

Name of Life Assured: Genet

Signature: [Signature]

Date: 28/03/25