ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626766
Protection House, Miky Leland Street
P.O. Box: 12763, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Zetuna Father's Name: Dirat G. Father's Name: Ene

Date of Birth: 11-Sep-94 Place of Birth: Hokosa Passport Number: EQ1967963 Gender: Female

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

Occupation: Housemaid Marital Status: Married Labor ID Number:

Contact Person in case of Emergency: Name Dirat Ene Telephone: 0916150481

Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0972302016

Destination Country: Qatar Departure (Effective) Date:

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.	Dirat Ene	Father	100%	0916150481
ii.				
iii.				
iv.				
v.				
vi.				
			Total	100%

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

Name of Life Assured: Zetuna Signature: Date: 17-Feb-25