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**Nyala Insurance S.C**

Tel: 251-116-626687, Fax: 251-116-626706  
Protection House, Miky Leland Street  
P.O. Box: 12753, Addis Ababa, Ethiopia  
e-mail: nisco@nyalainsurance.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

### 1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.  
As printed in the passport)  
Name: MAHDER Father's Name: WOLDE G. Father's Name: MENTASO  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: - Region: OROMIA City: \_\_\_\_\_ Sub City: WISHOA Woreda: ADAMA Kebele: \_\_\_\_\_ H. No.: \_\_\_\_\_  
Occupation: HOUSE MAID Marital Status: DIVORCE Labor ID Number: \_\_\_\_\_  
Contact Person in case of Emergency: Name EMEBET WOLDE SEMBET Telephone: 0920365588

### 2. Particulars of The Travel

Agency Name: ALHABIA 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>EMEBET WOLDESEMSET</u>	<u>MOTHER</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: MAHDER Wolde Signature: [Signature] Date: 13/05/25