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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: Tirhas Father's Name: Mekonen G. Father's Name: Yindego

Date of Birth: 11-Aug-89 Place of Birth: Adwa Passport Number: EP8438322 Gender: Female

Address: - Region: Tigray City: Adwa Sub City: Adwa Woreda: 19 Kebele: 08 H. No.: -

Occupation: Housemaid Marital Status: Single Labor ID Number: EF10922641

Contact Person in case of Emergency: Name Genet Abay Telephone: 0911445887

### 2. Particulars of The Travel

Agency Name: Aley Agency Agency Contact Name: Neway Telephone: 0912805194

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>Genet Abay</u>	<u>Niece</u>	<u>100 %</u>	<u>A.A/0911445887</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____



Total 100%

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

Name of Life Assured: Tirhas Mekonen Signature: [Signature] Date: 11/Apr/25