ኒያላ ኢንሹራንስ አ.ማ
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: MESERET Father's Name: ASEFA G. Father's Name: BEJIGA

Date of Birth: 01 FEB 91 Place of Birth: SHOA Passport Number: EP7144854 Gender: F

Address: - Region: OROMIA City: _____ Sub City: BISHOFTU Woreda: GORINU Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name TEMESGEN ABATE Telephone: 0910567729.

2. Particulars of The Travel

Agency Name: ALKABA. 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.	TEMESGEN ABATE	HUSBAND		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Meseret **Signature:** _____ **Date:** 8/07/25