ንያላ 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: MEKIYA Father's Name: NURU G. Father's Name: SIRAJ

Date of Birth: 18 APR 91 Place of Birth: TEPI Passport Number: EP8217686. Gender: F

Address: - Region: DEBUB City: Sub City: TEPI Woreda: BEKO Kebele: H. No.:

Occupation: HOUSEMAID Marital Status: HARRIED Labor ID Number:

Contact Person in case of Emergency: Name ABEBECH MOHAMED Telephone: 0940939204.

2. **Particulars of The Travel**

Agency Name: AlKABA Agency Contact Name: NAWAL Telephone: 0925696969.

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.	ABEBECH MOHAMED.	MOTHER		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: mekiya nuru Signature: mg Date: 11/06/25.